



# RETURN OF THE POPULATION GROWTH FACTOR



Report of Hearings by the  
All Party Parliamentary Group on Population,  
Development and Reproductive Health

January 2007



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## **Its impact upon the Millennium Development Goals**

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# Contents

Foreword	1
Acknowledgements	2
Executive summary	3
1: The lost decade	10
2: The impact of population growth on the Millennium Development Goals	18
MDG 1: Eradicate extreme poverty and hunger	20
MDG 2: Achieve universal primary education	29
MDG 3: Promote gender equality and empower women	32
MDG 4: Reduce child mortality	35
MDG 5: Improve maternal health	39
MDG 6: Combat HIV/AIDS, malaria and other diseases	43
MDG 7: Ensure environmental sustainability	46
3: Conclusion and recommendations for action	56
Appendix 1: Oral witnesses	64
Appendix 2: Written evidence	66
Abbreviations	68

# Foreword

**Christine McCafferty MP**  
**Chair, the All Party Parliamentary Group on**  
**Population, Development and Reproductive Health**



In 2000, 189 governments committed themselves to achieving the Millennium Development Goals (MDGs) by 2015. At current rates of progress however, we will not meet these Goals unless governments and their partners turn words and promises into resources and action.

A lack of access to Sexual and Reproductive Health (SRH) information and services leading to high fertility and subsequent population growth, particularly in the poorest countries, continues to pose significant challenges to development and the attainment of the MDGs. And high levels of fertility and population growth make it far more difficult for families and societies to overcome poverty.

The pace of growth of the world's population increased markedly throughout the last century and we can anticipate a further 50% increase in the world's population by 2050. Many experts agree that world population growth poses serious threats to human health, socioeconomic development, and the environment.

Population issues have lost priority, compared to other concerns of civil society and economic development. Funding has stagnated or decreased at a time when unmet need for family planning information and services is increasing.

Women in developing countries, are still dying for lack of access to good family planning. Those women deserve the ability to make the fertility choices we take for granted.

I hope that over the next decade, we will find a way to speak, from a human rights perspective, about both the importance of population stabilisation and the importance of supporting the rights of individuals to reproductive freedom and reproductive choice.

I hope that this Hearing Report will convey to governments and their partners that poor Sexual and Reproductive Health and a lack of attention to Reproductive Rights pose significant challenges, particularly in the poorest countries, to the attainment of the MDGs.

**January 2007**

# Acknowledgements

I give many thanks to all long standing supporters of the UK All Party Parliamentary Group on Population, Development and Reproductive Health (the Group) and especially to my colleagues on the Group's Executive, under the Chair of Christine McCafferty MP, for their enthusiastic support for my suggestion to hold an inquiry into the subject of population growth. My thanks go to Baroness Tonge, Viscount Craigavon, Catherine Budgett-Meakin of the Population and Sustainability Network (PSN), Jennifer Woodside of International Planned Parenthood Federation (IPPF) and Patricia Hindmarsh of Marie Stopes International (MSI) who all agreed to serve on the Steering Committee and to the many members of the Group who sat in on the hearings.

I am also deeply grateful to four people in particular who have made a huge contribution. Dr Martha Campbell, University of California, Berkeley, who has provided a substantial amount of time helping us through the maze of evidence, my research assistant, Mary Rose Jones, for her unflinching and sustained support and Mette Kjaerby and Kari Mawhood, advisor and assistant to the Group, who made it all happen.

We are also highly appreciative of the evidence both written and oral supplied by witnesses from around the world. Comprehensive lists are given in Appendix 1 and 2 of this report.

Finally under the rules of the House, I confirm that the Group has received and declared financial support for many years from the United Nations Population Fund (UNFPA), the International Planned Parenthood Federation and Marie Stopes International, all of whom gave evidence to the inquiry. However, the report is the work of the Group.

**Richard Ottaway MP**  
**Inquiry Chairman**  
**House of Commons**  
**January 2007**

# Executive summary

Richard Ottaway MP, Inquiry Chairman and Vice Chairman, the All Party Parliamentary Group on Population, Development and Reproductive Health



## Millennium Development Goals

1. Eradicate Extreme Poverty and Hunger
2. Achieve Universal Primary Education
3. Promote Gender Equality and Empower Women
4. Reduce Child Mortality
5. Improve Maternal Health
6. Combat HIV/AIDS, Malaria and other Diseases
7. Ensure Environmental Sustainability
8. Develop a Global Partnership for Development

In 2000 the United Nations set eight Goals for global development, to be achieved by 2015, known as the Millennium Development Goals. The MDGs made no reference to population growth and gave no recognition of its impact.

The Group initiated these parliamentary hearings because many of the countries with the greatest levels of poverty and greatest need to achieve the MDGs also have high birth rates and rapidly growing populations. The inquiry called for empirical evidence from professional, academic and institutional sources worldwide, asking whether growing populations were affecting achievement of the MDGs. This report and the conclusions and recommendations are based on the statistics and views presented during these hearings.

In the second half of the twentieth century global population grew from under three billion to over six billion. The majority of developing countries adopted national family planning programmes and a number of international governmental and non-governmental family planning partnerships arose. On the whole, those countries and regions where information and contraceptives were made available saw a moderate to rapid decline in the birth rate. In addition, there was an improvement in the economy, the health of women and their families and the autonomy, education and status of women. The countries where many pregnancies remained

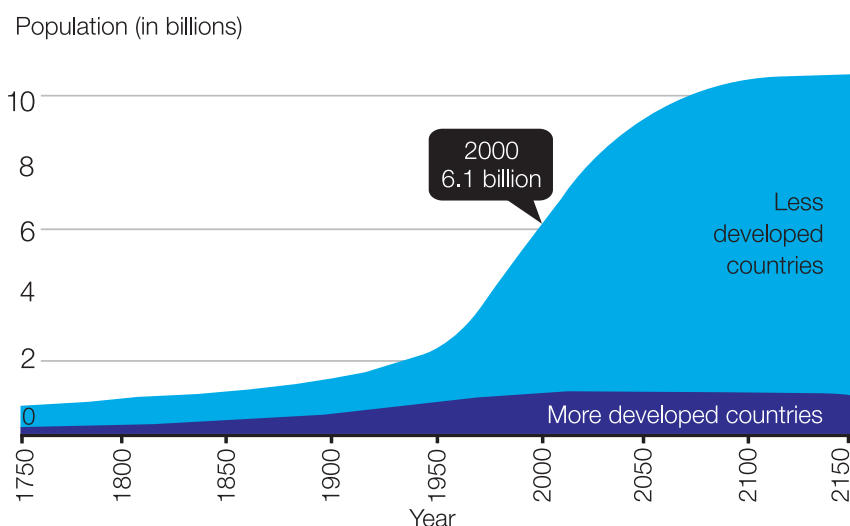
unwanted and the birth rate did not fall are now seeing an explosive growth of urban slums, a failure of the state to keep pace with educational demands and, in some cases, the continuing oppression of women.

Over the past 10 years the focus on population growth has been lost, although global population is projected to grow to between eight and 10.5 billion by 2050. Of this growth, 99% will take place in the developing countries, and more than 90% of the growth will be concentrated in the poorest of these countries.<sup>1a</sup>

Figure 1

## World population growth 1750–2150

Medium level projection



Source: United Nations World Population Prospects  
The 1998 revision and estimates by the World Population Reference Bureau

The United Nations has now approved a new MDG target, calling for universal access to reproductive health care by 2015. We welcome this and look forward to final confirmation that this is a new target under the 5th MDG.

**The evidence is overwhelming: the MDGs are difficult or impossible to achieve with the current levels of population growth in the least developed countries and regions.**

### MDG 1 - Eradicate extreme poverty and hunger

*Target: Halve, between 1990 and 2015, the proportion of people whose income is less than US \$1 a day.*

1a. UNDESA Population Division, World Population Prospects (2004) revision, Vol 3, Analytical Report, p.12

- In 1990 44.6% of people in sub-Saharan Africa were living in extreme poverty, and this grew by a modest percentage to 46.4% in 2001. But because of population growth, the number of people in extreme poverty grew from 231 million to 318 million, an increase of 38%, or 87 million people. The rapid pace of population growth in much of Africa and some other parts of the world means, despite global efforts, we are not even succeeding in keeping the numbers living in extreme poverty stable.<sup>1b</sup>

*Target: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.*

- As global population grew from three to six billion in the second half of the twentieth century, food production also expanded. There is no guarantee, however, that food production will keep pace with the addition of the next three billion people in the first half of the twenty-first century. In 1984, the year of the infamous famine, the population of Ethiopia was 42 million.<sup>2</sup> Today it has reached 75 million and by 2050 the country is projected to have a population of 145 million.<sup>3</sup> At the moment eight million Ethiopians already live on permanent food aid.<sup>4</sup>

## **MDG 2 - Achieve universal primary education**

*Target: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.*

- Rapid population growth undermines basic education in a vicious cycle of mutually destructive ways, as in high population growth countries, the number of school age children can double every 20 years.<sup>5</sup> Assuming class sizes of 40, an extra two million school teachers per year are required just to stand still.<sup>6</sup> The challenge grows with time, almost 30% of the world population is under the age of 15.<sup>7</sup>

1b. United Nations Population Fund (UNFPA) Written evidence to the Group, p.4

2. United Nations, Demographic Yearbook 1989, New York (1991), p.116-67

3. Population Reference Bureau at website [www.prb.org](http://www.prb.org)

4. World Food Programme Annual Report 2006, p.24

5. London School of Hygiene and Tropical Medicine (LSHTM) Written evidence to the Group, p.12

6. Marie Stopes International (MSI) Written evidence to the Group, p.4

7. Population Reference Bureau, World Population Data Sheet 2005 at website [www.prb.org](http://www.prb.org)



### **MDG 3 - Promote gender equality and empower women**

*Target: Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education not later than 2015.*

- “The ability of women to control their own fertility is absolutely fundamental to women’s empowerment and equality.”<sup>8</sup>

### **MDG 4 - Reduce child mortality**

*Target: Reduce by two-thirds, between 1990 and 2015, the under five mortality rate.*

- Evidence reveals at least two important causes of child mortality directly related to population growth: high fertility and reduced access to safe drinking water.

### **MDG 5 - Improve maternal health**

*Target: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio (MMR).*

- High fertility strongly increases a woman’s lifetime risk of dying from pregnancy related causes.<sup>9</sup>

### **MDG 6 - Combat HIV/AIDS, malaria and other diseases**

*Target: Have halted by 2015 and begun to reverse the spread of HIV/AIDS.*

- There has been some progress in certain settings in gaining control over the spread of HIV.<sup>10</sup> However, globally, the actual number of people living with HIV/AIDS continues to grow. Population growth has a negative impact on gaining control over the spread of HIV/AIDS through two main routes: increased urbanisation and the persistence of poverty.

### **MDG 7 Ensure environmental sustainability**

*Target: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.*

- Reversing the loss of environmental resources cannot be achieved in the context of rapid or even moderate population growth without addressing the demographic factor, that is the counter-force reducing the impact of conservation efforts.

8. UK Department for International Development (UK DFID) Written evidence to the Group, p.16; World Health Organization (WHO) Written evidence to the Group, p.9

9. UK DFID Written evidence to the Group, p.18

10. Shelton J.D., Halperin D.T., Wilson D., *The Lancet* 2006 Apr 8;367(9517): p.1120-2. “Has global HIV incidence peaked?”

*Target: Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation.*

- Today, 1.1 billion people lack access to safe drinking water. As population grows, the UN estimates two thirds of the world's population will face moderate to high water shortages by 2025.<sup>11</sup> Consumption of fresh water for agriculture, industrial and domestic uses increased six-fold in the 20th Century.<sup>12</sup>

*Target: Have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers.*

- By 2007, half the world's population will live in towns and cities, and by 2030 four billion people will live in urban areas. In fact, the four billion people living in cities by 2030 will be more than those who lived on the entire planet in 1975.

**“Regions where population growth is relatively high are also generally off-track in achieving the Millennium Development Goals.”  
Professor Jay Satia, ICOMP<sup>13</sup>**

## **The challenge ahead**

In 1994 the United Nations hosted an International Conference on Population and Development (ICPD) in Cairo. It produced a plan of action, which included the recommendation that:

Governments should “meet the family planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods...”<sup>14</sup>

Addressing this challenge seems a highly cost effective way of addressing many of the world's problems. How surprising then, that the Africa Commission Report barely mentioned Africa's exploding population at all, when it is at the root of so many of the continent's difficulties. On the other hand, the recent Stern Review repeatedly acknowledges the impact of population growth.<sup>15</sup>

11. United Nations Development Programme (UNDP): Energy and the Environment, Water and Climate Change at website [www.undp.org/climatechange.adapo3.htm](http://www.undp.org/climatechange.adapo3.htm)

12. Planet 21, Written evidence to the Group, p.6

13. International Council on Management of Population Programmes (ICOMP) Written evidence to the Group, p.3

14. International Conference on Population and Development (ICPD) Programme of Action para 7.16

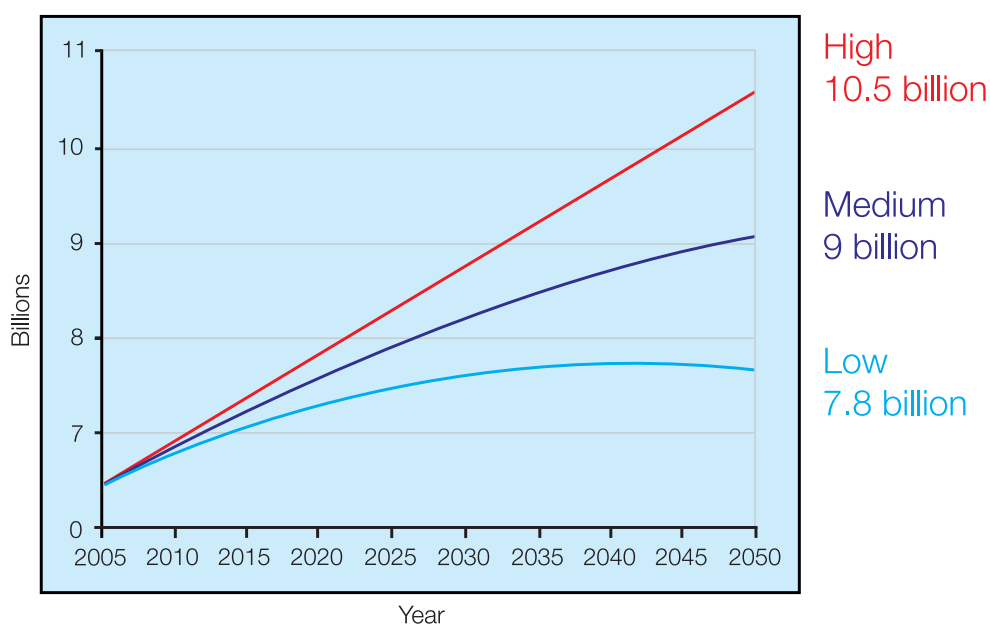
15. Stern Review (2006): The Economics of Climate Change at website [www.hm-treasury.gov.uk](http://www.hm-treasury.gov.uk)

Improved access to family planning is one of the most cost-effective ways of reducing infant and maternal mortality. Slower population growth offers a demographic dividend, which opens the door to economic progress and permits a country to invest in education and health.

Decisions made now can influence whether or not population levels in 2050 are at the UN High, Medium or Low projections. If fertility falls more sharply than expected under the UN's 2004 Medium projection, total population size by 2050 will be nearer eight than nine billion. Conversely, more gradual declines than expected will result in a total population well over 10.5 billion.<sup>16</sup>

Figure 2

### UN World population projections for 2005 to 2050



Source: United Nations

**“The battle against endemic poverty and chronic hunger, particularly in the world’s 50 Least Developed Countries, is made all the more difficult due to their current high rates of population growth.”**  
United Nations - ORHLLS<sup>17</sup>

16. LSHTM Written evidence to the Group, p.19

17. United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (UN-OHRLLS) Written evidence to the Group, p.1

## Recommendations

There is a large, well documented unmet need for family planning, especially among the two billion people who live on less than \$2 a day. It is clear that the MDGs are difficult or impossible to achieve without a renewed focus on, and investment in, family planning. Large families are usually not the choice of the poor, but a result of their inability to exercise their options to manage their family size.<sup>18</sup> The human right of couples to make voluntary decisions on when to have a child is fully compatible with the welfare of the individual and the welfare of society. Wherever fertility has fallen “there is little doubt in my mind that female empowerment to control fertility is a key part of that equation.”<sup>19</sup>

We conclude that there is an urgent and imperative need to meet the goal set out at the ICPD to provide universal access to information and the means for couples to plan their families. We recommend the following:

- 1. Recognising the international Parliamentarians’ commitments at Ottawa in 2002, Strasbourg in 2004 and Bangkok in 2006, that 10% of Overseas Development Aid be targeted for population and reproductive health, we recommend that donor agencies, governments, the World Bank and the development banks increase their support for family planning.**
- 2. Ensure availability of contraceptive supplies as a top priority.**
- 3. Eliminate the wide range of barriers to family planning.**
- 4. Use available resources cost-effectively.**
- 5. Provide technical assistance to developing countries governments to improve capacity to prioritise and monitor the use of available resources for family planning and reproductive health.**
- 6. Encourage the development, environment, and reproductive health/family planning communities to work together and address the problems caused by rapid population growth.**

18. Dr Rogelio Castilla, UNFPA Oral evidence to the Group, 19th June 2006, p.3

19. Sir David King, Chief Scientific Adviser to HM Government Oral evidence to the Group, 3rd July 2006, p.14

# 1: The lost decade



In the second half of the twentieth century, global population grew from under three billion to over six billion. The majority of developing countries adopted national family planning programmes and a number of international governmental and non-governmental family planning partnerships arose. Those countries and regions where information and contraceptives were made available, saw a moderate to rapid decline in the birth rate. In addition, there was an improvement in the economy, the health of women and their families and the autonomy, education and status of women. The countries where many pregnancies remained unwanted and the birth rate did not fall saw an explosive growth of urban slums, a failure of the state to keep pace with educational demands and, in some cases, continuing oppression of women.

Over the past 10 years, the focus on population growth has been lost, although global population is projected to grow to between eight and 10.5 billion by 2050. Of this growth, 99% will take place in developing countries, and more than 90% of this will be concentrated in the poorest of these countries.

## The dream of Cairo

**Focus on the rights and health of women.** The 1994 United Nations International Conference on Population and Development (ICPD) in Cairo, was considered to have been a breakthrough by women's groups and human rights activists worldwide. No longer was population to be discussed in terms of national population figures, but instead the world would concentrate on the rights of the individual and particularly women, to decide when, how many and how often to have children – recognising that women and girls in many developing countries are often marginalised by having less education than males, and fewer opportunities to participate in civic matters and the political process. The conference also recognised that women's health is imperiled by repeated and

frequent childbearing and that violence against women, including sexual violence and rape, is common in many societies. The dream of Cairo was that women would soon be empowered with civil, political, and legal rights offered increased opportunities in education and employment and provided with a full range of reproductive health services.

A strategy for implementing this bold plan to empower women, was to move attention away from numbers of people, population growth and family planning and the coercion that these terms were seen to imply, to the more comprehensive language of reproductive health.

**Unfair association with coercion.** During the 1970s and 1980s, while nearly all national family planning programmes in developing countries were voluntary and extremely popular, China and parts of India had instigated controversial programmes that incurred much criticism at the time of the Cairo meeting. In their countries' efforts to slow extremely rapid population growth, China's one child policy and forced sterilisation in parts of India, presented obvious and very serious ethical quandaries. The focus on these selected programmes, however, led to the use of the language of population growth being associated with coercion. At the same time, far less attention was drawn to the negative health and economic impacts on women who are compelled to bear many children for lack of contraceptive options – this is continued suffering on a very large scale.

*“The.....point I would like to make has to do with why the taboo about population emerged in the run-up to Cairo and at Cairo itself. I think the taboo was the result of a mythology that equated population policies with coercion. I think this was a misrepresentation of the reality of population policies and population programmes around the world, notwithstanding the fact that the two largest countries, India and China, were both guilty of coercion in their programmes. But to generalise from the case of those two countries to the world as a whole and to say that family planning programmes or reproductive health programmes are ipso facto coercive I think created a mindset about the past that was wrong and seriously flawed, but it captured the imagination of the international community in a way that I have never understood and to this day do not understand.”*

**Dr Steven Sinding, IPPF<sup>20</sup>**

**Financial commitments** were agreed upon by delegates from 179 countries to support the Cairo effort, with annual contributions which in 2005 were expected to be \$18.5 billion - one-third of this amount to come from donors and two-thirds from domestic sources from developing countries.<sup>21</sup>

20. Dr Steven Sinding, International Planned Parenthood Federation (IPPF) Oral evidence to the Group, 8th May 2006, p.9

21. Prof. Joseph Speidel Oral evidence to the Group, 26th June 2006, p.7 - he explained, “Adjusted for inflation and the increased price tag for reproductive health and AIDS, the funding target for 2005 becomes \$45.8 billion rather than the original \$18.5 billion.”

## Where the dream went wrong

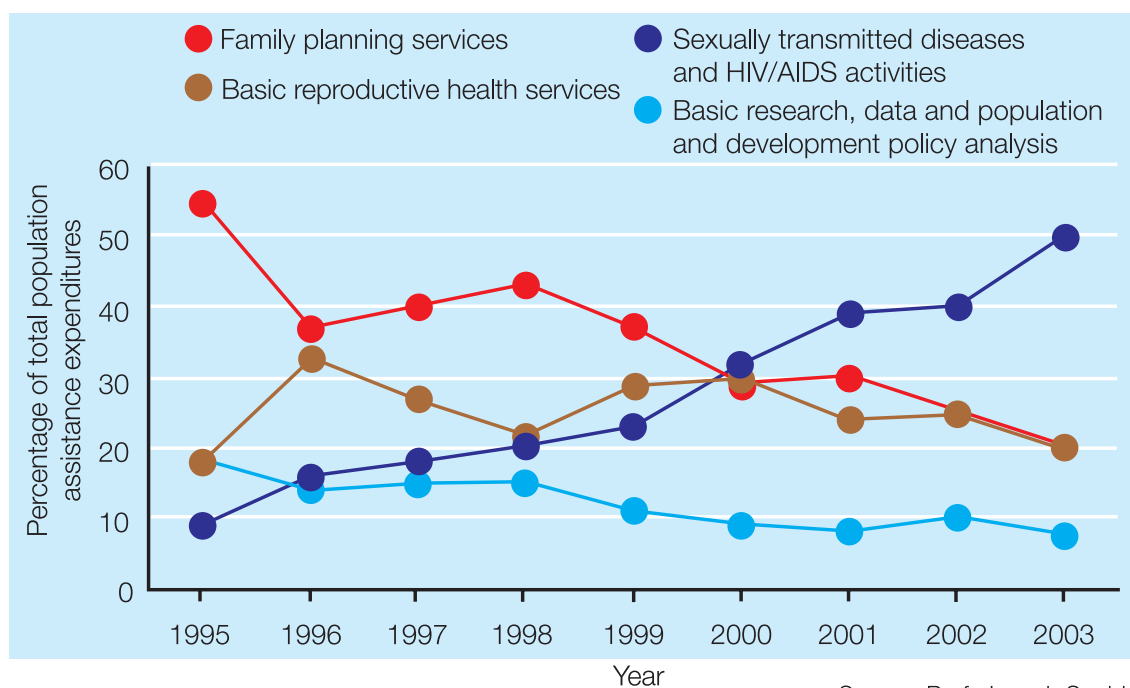
**The shift to broader reproductive health.** The UNFPA told us this change of emphasis "...has reduced the predominance of the issue of population growth in discourse about population issues....the shift led to under-appreciation of population size and growth alone. Numbers do count even as the challenge remains to make every person count."<sup>22</sup> The language of reproductive health did not spur enthusiasm in parliaments or in wider debate. AIDS was seen as the new health problem,<sup>23</sup> leaving high fertility as yesterday's problem. The impact of population growth in the world's poorest countries was barely noticed.

**AIDS overwhelmed the family planning budgets.** In the late 1990s, the sheer scale of the AIDS epidemic captured the world's attention and the outpouring of money for therapies in response to AIDS activists undermined support for family planning. In contrast, ICPD had budgeted for HIV prevention, a more modest cost.

**Reduction in family planning budgets.** The budgets allocated to family planning were severely curtailed (see figure 3). Foreign aid purchases and shipping of contraceptive commodities fell. Today, many poor countries find themselves without adequate supplies of condoms, pills and the popular injectable contraceptives to meet today's needs, let alone the far greater numbers that will be needed 5 and 10 years from now.

Figure 3<sup>24</sup>

### Family planning funding diminishing 1996–2003



Source: Prof. Joseph Speidel

22. UNFPA Written evidence to the Group, p.4

23. Blanc Ann K. and Tsui. Amy O. (2005) *The Dilemma of Past Success: Insiders' Views on the Future of the International Family Planning Movement* Studies in Family Planning, 36:4

24. Prof. Joseph Speidel Oral evidence to the Group, 26th June 2006, p.7

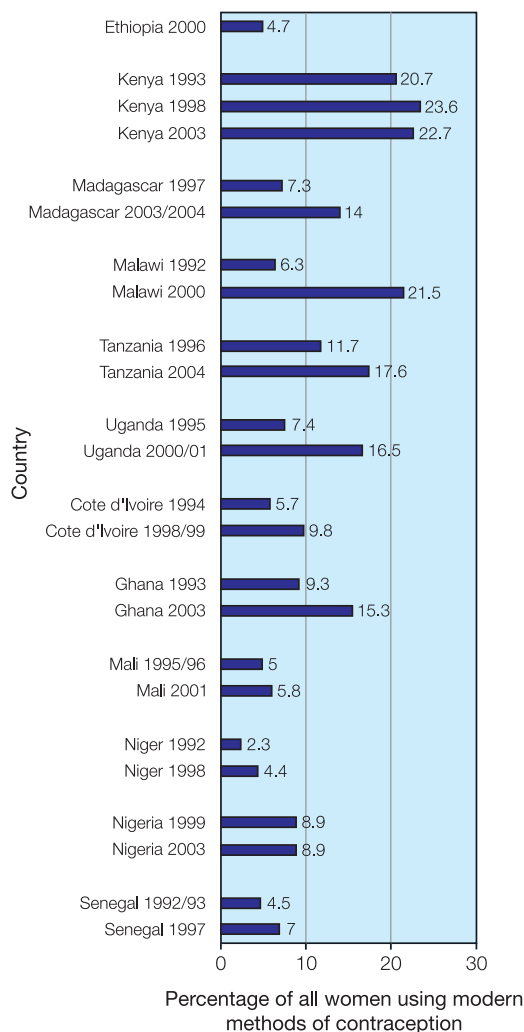
*“It is tragic that a primary goal of the ICPD, to reduce poverty and empower women, has been turned on its head and ended with a measurable worsening of daily life for the poorest and most vulnerable women in the world.”*  
**Professor Malcolm Potts<sup>25</sup>**

**Change in the form of foreign aid contributions.** As funding is increasingly provided as general support for countries’ overall budgets and sector-wide approaches (SWAPs), often support for family planning is not identified or monitored separately.

Figure 4

### Contraceptive use has risen slowly or stalled

Percentage of all women using modern methods of contraception



Source: World Bank

25. Prof. Malcolm Potts, School of Public Health, University of California, Berkeley, USA Oral evidence to the Group, 26th June 2006



**Aging populations.** Birth rates were falling to new low levels in Europe and Japan, and policy attention at home shifted to the need to support the increasing number of older citizens.

**Conservative agenda.** More recently, conservative religious and political forces have all conspired to encourage this change in emphasis to aging – and issues of population pressure have been seen as over. It has gone unnoticed that for the world's poorest populations, there is often no choice over the issue of fertility, for there is no access to the means to prevent unwanted pregnancies.

**Silence in the MDGs.** At the same time, the MDGs did not include specific demographic or reproductive health goals or targets in their formulation for a variety of reasons,<sup>26</sup> and the framing of the MDGs led to another de-emphasis of population dynamics on development prospects.<sup>27</sup> The United Nations has now approved a new MDG target, calling for universal access to reproductive health care by 2015. We welcome this and look forward to final confirmation that this is a new Target under the 5th MDG.

## How we have failed the poorest countries

**Use of contraception has stalled.** As a result of decreased attention to population and family planning over the past dozen years, earlier gains in the use of contraception in many poor countries have stalled. The use of modern contraceptive methods is the main factor to affect birth rates anywhere, but in Africa it has changed little in the past decade and is still very low. In western and middle Africa, it exceeds 10% in only two countries with recent surveys.<sup>28</sup>

*“We have lost a decade. Contraceptive use in Africa has hardly increased in the last ten years in married women. It is a disaster.”*  
**Professor John Cleland<sup>29</sup>**

**The unmet need.**<sup>30</sup> “There is an enormous and well documented unmet need for family planning in the developing world”.<sup>31</sup> 125 to 200 million people would like to be able to control their fertility, but are not using contraception.<sup>32</sup>

26. UNFPA Written evidence to the Group, p.4; Crossette, B. (2005) “Reproductive Health and the Millennium Development Goals: The Missing Link.” *Studies in Family Planning* 36, 1: p.71-79; Bernstein, S. (2005). “The Changing Discourse on Population and Development: Toward a New Political Demography.” *Studies in Family Planning* 36, 2: p.127-132; UN Millennium Project (2006) *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals*

27. UNFPA Written evidence to the Group, p.4

28. IPPF Written evidence to the Group, p.3

29. Prof. John Cleland Oral evidence to the Group, 22 May 2006, p.11

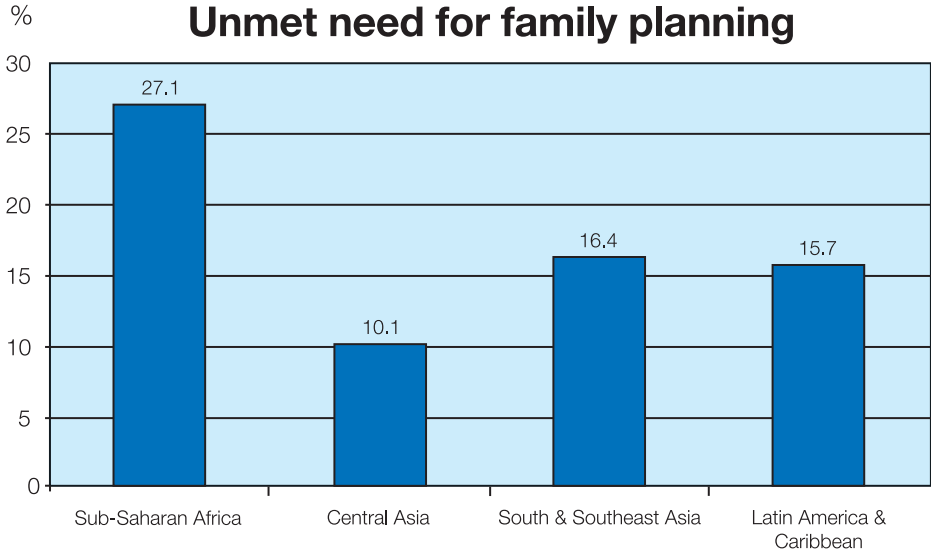
30. ICOMP Written evidence to the Group, p.23 - in *Demographic and Health Surveys, the unmet need for contraception is defined as the proportion of married women in reproductive age group who are neither pregnant nor amenorrhic want to space or limit the number of children, [and] pregnant women whose current pregnancy and amenorrhic women whose last pregnancy was mistimed or unwanted. The total demand for contraception equals the contraceptive prevalence rate and the unmet need for contraception. This does not include unmet contraceptive needs of currently not married but sexually active women.*”

31. Dr Ndola Prata Oral evidence to the Group, 22nd May 2006, p.3

32. Prof. Joseph Speidel Additional Written evidence to the Group, 3rd July 2006, p.10

Only four percent of women in Sierra Leone have access to contraception, but 25% say they would consider using a modern method.<sup>33</sup> A quarter of women in Madagascar have an unmet need for family planning, and half of these want to stop childbearing altogether.<sup>34a</sup>

Figure 5



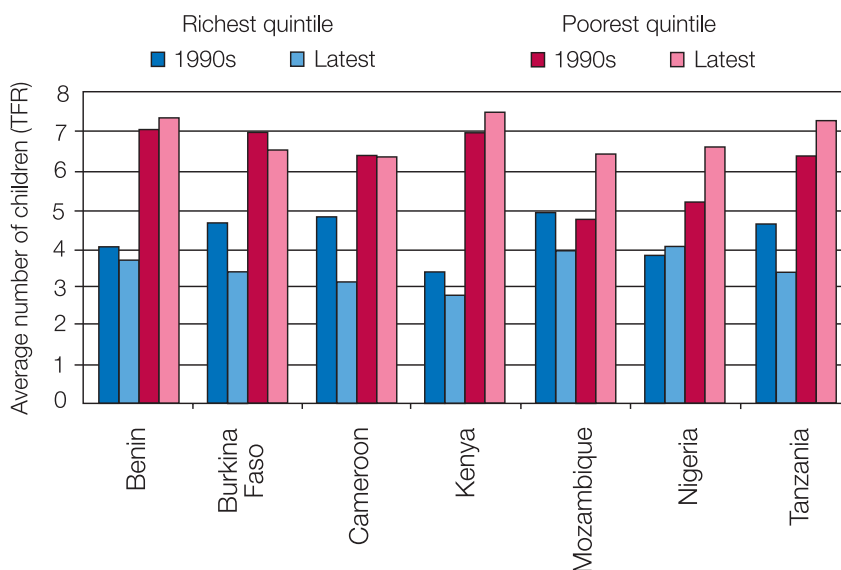
Source: J. Baudouy (2006), World Bank, "Bringing population dynamics and sexual and reproductive health into development policy debates." Paper presented at DFID-AFD workshop on "Demography, reproductive health and sustainable economic growth in Africa." Paris, March 2nd-3rd, 2006.

**Rich – poor divide.** In many low-income countries, the disparity in family size between the lowest and the highest economic quintiles has increased. Surveys show that while the fertility of the richest 20% in most sub-Saharan countries declined by more than 1.5 children in the last decade, that of the poorest 20% either remained unchanged or increased by more than one child.<sup>34b</sup> "In Kenya, for example, the poor have almost three times more children than the rich... and [are] three times more likely to have unmet needs than the rich... These results suggest that the high fertility of the poor may be largely unplanned or unwanted." (see Figure 6). Larger family sizes have been shown to translate long term into lower incomes, poorer education and worse maternal and infant health.

33. UK DFID Written evidence to the Group, p.18  
 34a. MSI Written evidence to the Group, p.5  
 34b. Dr Jean-Christophe Fotso, The African Population and Health Research Centre (APHRC), Kenya Oral evidence to the Group, 5th June 2006, p.7

Figure 6<sup>35</sup>

## Disparities between the rich and poor have expanded in the past decade



Source: ICPD Programme of Action 3.14

### Why we must act now

**Population momentum.** Once population growth gains a certain speed it is difficult to slow. Thus, as a result of rapid population growth a generation ago, China has a growing number of young married women of childbearing age and even though most are having fewer than two children, China still has eight million more births than deaths every year. In Africa, the diversion of attention from population and the stalled fertility decline has occurred just as population momentum was beginning to slow, with extremely serious long-term implications.

“Slower population growth has in many countries bought more time to adjust to future population increases. This has increased those countries’ ability to attack poverty, protect and repair the environment, and build the base for future sustainable development. Even the difference of a single decade in the transition to stabilisation levels of fertility can have a considerable positive impact on quality of life.”  
ICPD<sup>36</sup>

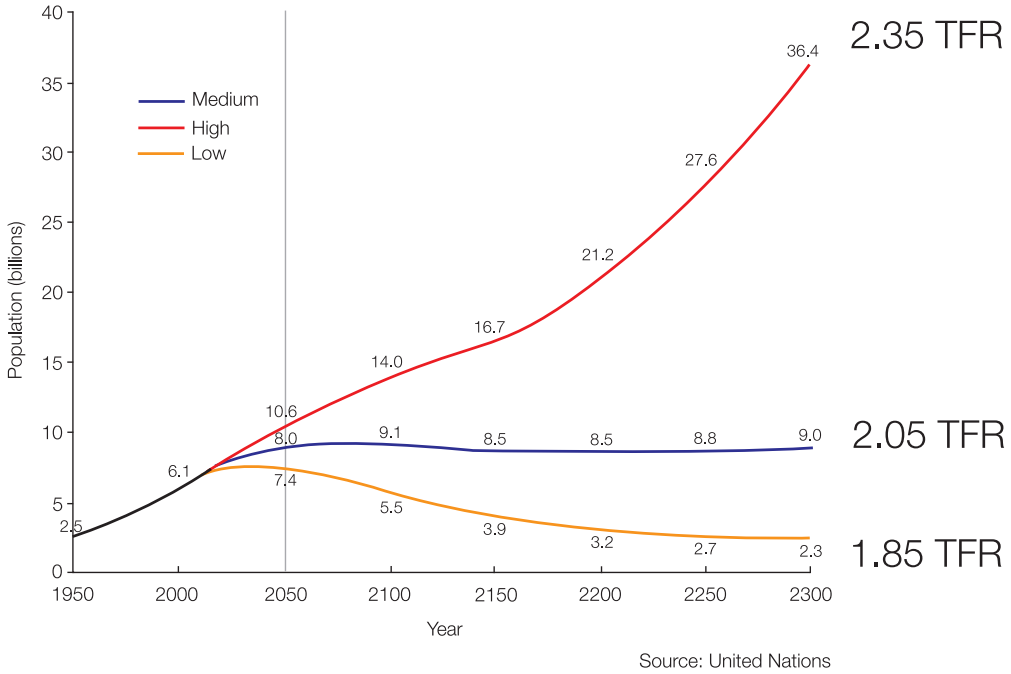
35. Dr Jean-Christophe Fotso, The African Population and Health Research Center (APHRC), Kenya Oral evidence to the Group, 5th June 2006, p.6

36. ICPD Programme of Action para 3.14

Figure 7 depicts experimentally a set of population projections to the year 2300. The different scenarios represent three of many possible future paths of world population. This graph illustrates the implications of extremely small differences in average family size on population size over time. These high, medium and low experimental scenarios are assumed to maintain, after an initial drop to lower levels, average family sizes of 2.35, 2.05 and 1.85 children per mother.<sup>37</sup>

Figure 7

### Experimental scenarios of world population size to year 2300



37. World Population to 2300 (2004) (United Nations publication, Sales No. E.04.XIII.11)

## 2: The impact of population growth on the Millennium Development Goals



Population growth is not the only cause, or even the leading cause, in the success or failure of the MDGs. It is, instead, a critical factor. Population growth and high fertility rates are strongly linked to the MDGs. In fact, in many regions, the MDGs are simply not attainable without a greater focus on slowing population growth, through making voluntary family planning universally accessible.

Most of the population growth is occurring in the world's poorest countries, and generally among the poorest segments of their societies. In 2005, global population increased by 76 million more births than deaths.<sup>38</sup> India has one million more births than deaths every three weeks. By 2050, Uganda is projected to grow from 27 million to 130 million; Niger from 14 to 50 million; Iraq from 29 to 64 million; and Afghanistan from 31 to 82 million. Asia will add 500 million people in a single decade from 2005.

Decisions made now can influence whether or not population levels in 2050 are at the UN Low, Medium or High projections. If fertility falls more sharply than expected under the UN's 2004 Medium projection, total population size by 2050 will be nearer eight than nine billion. Conversely, more gradual declines than expected will result in a total population well over 10.5 billion.<sup>39</sup>

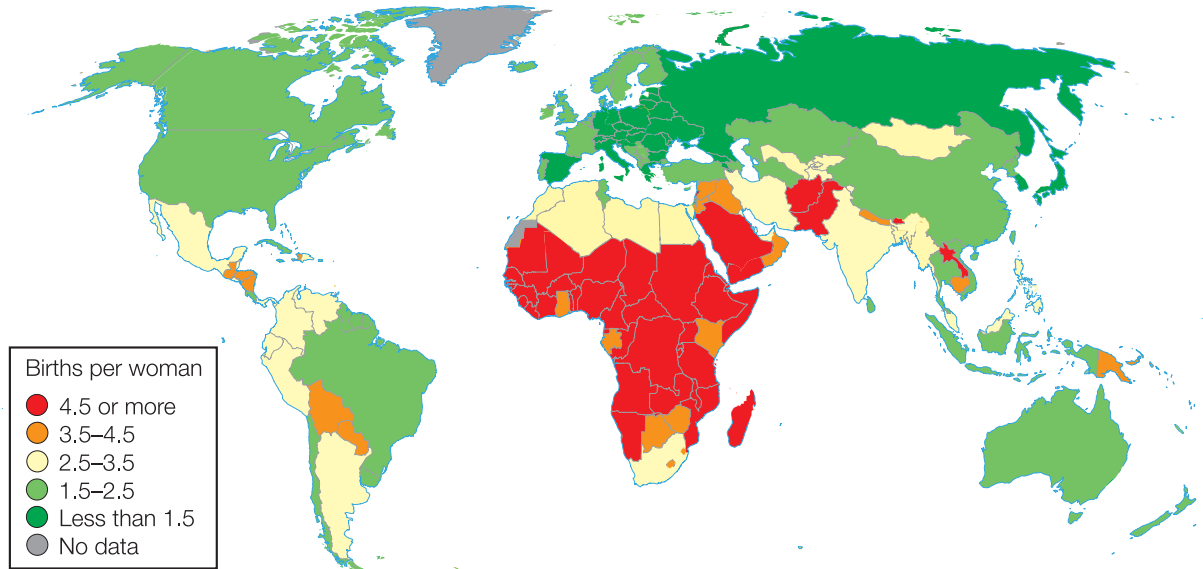
38. Population Reference Bureau at website [www.prb.org](http://www.prb.org)

39. LSHTM Written evidence to the Group, p.19

Figure 8

## Total fertility rates (TFR) of the world's nations 2001

(Average number of children that a woman gives birth to in her lifetime)



Source: World Bank

### Demographic definitions

**Unmet need:** the proportion of women who wish to delay or terminate childbearing but who are not using contraception.

**Population momentum:** the tendency for population growth to continue beyond the time that replacement-level fertility has been achieved because of the relatively high concentration of people in their childbearing years.

**Demographic dividend:** as a generation plans widespread access to family planning and the birth rate begins to fall, a country is left with a low dependency ratio: i.e. many working age people paying taxes and relatively fewer young for them to provide for. This is known as demographic bonus or dividend because with organisation and investment, it can be the fuel for intense economic growth and prosperity.

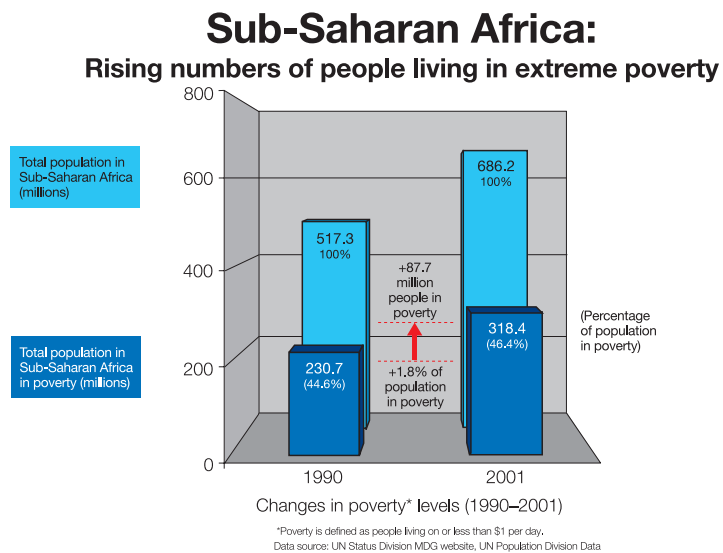
## MDG 1: Eradicate extreme poverty and hunger

Target: Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1 a day.



In 1990 44.6% of people in sub-Saharan Africa were living in extreme poverty, and this grew by a modest percentage to 46.4% in 2001. But because of population growth, the number of people in extreme poverty grew from 231 million people to 318 million, an increase of 38%, or 87 million people. The rapid pace of population growth in much of Africa and some other parts of the world means, despite global efforts, we are not even succeeding in keeping the numbers living in extreme poverty stable.<sup>40</sup>

Figure 9



40. UNFPA Written evidence to the Group, p.5

**The economics of population growth and poverty reduction.** With the exception of a few oil-rich states, no country has risen from poverty while still maintaining high average fertility.<sup>41</sup> Conversely, many countries that lowered their birth rates, such as South Korea, have eradicated or greatly reduced poverty. Continued rapid population growth in today's poorest countries presents a serious barrier to meeting the MDG of poverty reduction.

Most economists focusing on population acknowledge the links between slower population growth and economic development can be complex and that development is not an automatic benefit of slower population growth. Lower birth rates are a necessary, but not sufficient condition for a developing country to escape from poverty. A "demographic dividend" occurs when family size falls rapidly, and there are relatively more people of working age with fewer dependent children.<sup>42</sup> Thailand, South Korea and Taiwan are three countries that have successfully managed to take advantage of their demographic bonus, raising the living standards of millions of their citizens.

In developing countries where the birth rate has fallen, between 25% and 40% of economic growth is attributable to the demographic change. This dividend is split into two parts:

- Through the benefit of improved health, as healthy people are more productive
- That savings are spread less thinly, allowing for more investment in education and skills for employment<sup>43</sup>

The People's Republic of China, through a combination of lowered birth rates and economic reform, has lifted 150 million people out of abject poverty and are meeting the MDG for poverty reduction a decade earlier than the target date of 2015.<sup>44</sup>

Dr Rogelio Castilla of the UNFPA reminds us that family planning is not about coercion. He explains, referring to the poorest in Latin America, "These groups are in poverty because of the lack of capacity to exercise their reproductive rights, and this group grows at the rate that is more than twice the overall growth rates of the population. That raises enormous challenges for poverty reduction."<sup>45</sup>

**Running to stand still.** In sub-Saharan Africa, GDP per capita has been falling at nearly one percent a year,<sup>46</sup> and those living in poverty in sub-Saharan Africa rose modestly from 44.6% to 46.4% between 1990 and 2001.<sup>47</sup>

41. Dr Ndola Prata Written evidence to the Group, p.1

42. University of Sussex Written evidence to the Group, p.2; Bloom D.E., Canning D. and Seville J. (2003) *The Demographic Dividend: A New Perspective on the Economic Consequences of Population Change*. Santa Monica, CA; Rand.

43. UNFPA Written evidence to the Group, p.6

44. Dr Baige Zhao, Vice Minister, National Population & Family Planning Commission, China Written evidence to the Group, p.7

45. Dr Rogelio Castilla, UNFPA Oral evidence to the Group, 19th June 2006, p.3

46. Dr Jean Christophe Fotso, APHRC Additional Written evidence to the Group, 5th June 2006, p.3

47. UNFPA Written evidence to the Group, p.5; UK DFID Written evidence to the Group, p.5 - between 1981 and 2001 poverty rose from 41% to 46%



Economic growth is projected to grow by 1.6% annually between 2006 and 2015, but due to the countervailing effect of rapid population growth,<sup>48</sup> the World Bank predicts that by 2015, 340 million people in Africa will be living in extreme poverty,<sup>49</sup> compared with 318 million in 2001.<sup>50</sup>

In Nigeria, the proportion of poor people rose from 28.1% in 1980 to 65.6% in 1996. Poor government and conflict exacerbate poverty and interact adversely with rapid population growth. Close to 90 million desperately poor Nigerians live on less than \$1 a day.<sup>51</sup> By 2015, the target date for reaching the MDGs, the population of Nigeria will have grown from 133 million in 2006 to 178 million. With better government, GDP is now growing at 3.5% per annum, but with population growth at 2.9% per annum, poverty reduction will be slowed considerably.<sup>52a</sup>

*“It is interesting if you ask anthropologists who live and work with poor people at the village level, ... they often say women are living in fear of the next pregnancy. They just do not want to get pregnant.”*

**Professor Joseph Speidel<sup>52b</sup>**

*“[The poor] are in poverty because of the lack of capacity to exercise their reproductive rights and this group grows at the rate that is more than twice the overall growth rates of the population. That raises enormous challenges for poverty reduction.”*

**Rogelio Castilla, UNFPA<sup>52c</sup>**

48. UK DFID Written evidence to the Group, p.11

49. UK DFID Written evidence to the Group, p.11

50. UNFPA Written evidence to the Group, p.5

51. Ikechukwe Ezekwe, African Foundation for Population and Development (AFPODEV), Nigeria Written evidence to the Group, p.3-4

52a. Population Reference Bureau at website [www.prb.org](http://www.prb.org)

52b. Prof. Joseph Speidel Oral evidence to the Group, 3rd July 2006, p.17

52c. Dr Rogelio Castilla, UNFPA Oral evidence to the Group, 19th June 2006, p.3

Letters to the Editor, The Independent, 23rd January 2006

“Sir: In your articles on the current drought in Kenya (13 and 17 January), blame is laid on deforestation. People cut down trees primarily for firewood and the more people there are, the greater is the need for firewood, and the more cattle they will own to overgraze the land.

I am a demographer and I have worked on all the censuses of Kenya in the last 50 years. I have watched the population of that country grow from 8.6 million in 1962 to 11 million in 1969, 15.3 million in 1979, 21.4 million in 1989, and 28.7 millions in 1999’ now in 2006 it is estimated to be in excess of 34 million. It has therefore quadrupled during my working lifetime.

Clearly such rates of growth cannot be sustained indefinitely. And only two things can stop it: either the birth rate comes down or the death rate goes up.

In Kenya in the 1970s a woman who lived to the age of 50 had an average of eight live-born children, by the late 1990s it was down to less than five births per woman and it was predicted that the downward trend would continue.

But in 2003 a survey showed that the decline had stalled at five births per woman: the government’s hitherto vigorous family planning programme had run out of steam. Unless the fall in fertility can be resumed in the near future, a further doubling of the population to about 70 million<sup>53</sup> by the middle of this century will be almost inevitable, despite rising mortality.

This situation is not peculiar to Kenya. In neighbouring Uganda, the population has grown from 6.5 million shown by the 1959 census to 24.7 million according to that of 2002.

Yet in all the discussions during the past year on how to lift Africa out of poverty, the question of population has been conspicuous for its absence. It is no longer fashionable or politically correct. In some circumstances population growth can be a stimulus to economic development’ but in others the reverse is true. I have not the slightest doubt that in the case of Kenya it has been a grievous handicap, and instrumental in keeping the majority of the people in that country locked in poverty. “

**JOHN BLACKER**

Centre for Population Studies, London School of Hygiene & Tropical Medicine

53. LSHTM Written evidence to the Group, p.6 - The previous projection of the UN in 2002 for year 2050 was 44 million

Most of India's population growth is occurring in the poorer northern states. Economists recognise that India's job market is unlikely to absorb the eight million additional young people who will be looking for employment each year.<sup>54</sup> This problem is expected to be even more severe and prolonged for countries with higher fertility than India, including Pakistan and Nigeria.<sup>55</sup>

**The effect of family size.** There is also evidence that fertility affects poverty levels at the household level. Recent studies of the same households, over time, in Peru, Pakistan and Côte d'Ivoire show that the risk of moving into poverty is higher in families with many children.<sup>56</sup> According to Robert Eastwood of the University of Sussex, Ireland is also a good example: "... a change in the law there on family planning lowered the crude birth rate from something like 21 per thousand to 14 per thousand. That has had demonstrable effects in particular on the female labour participation. Part of Ireland's growth miracle is associated with educated women working more as a result of having fewer children."<sup>57</sup>

**Civil conflict.** Population growth is increasingly understood as a factor in civil unrest. Countries in which young adults comprise more than 40% of the adult population, are more than twice as likely as countries with lower proportions, to experience an outbreak of civil conflict,<sup>58</sup> with sub-Saharan Africa and the Middle East identified as the most vulnerable regions.<sup>59</sup> In African conflicts in recent years, both State and non-State forces have predominantly consisted of young, disaffected men. Somalia, Sierra Leone, Liberia, the Democratic Republic of Congo and Northern Uganda have experienced such youth driven conflict, fuelled by forced recruitment of a "ready supply of child soldiers".<sup>60</sup> While poverty is usually an underlying constant, there are other links that have been established between population pressures and civil instability in addition to a disproportionately large youth generation:

- Reduced supplies of farmland and water per capita
- Rapid urban population growth
- A change in ethnic or religious composition which can threaten the social and economic balance
- Refugee movements<sup>61</sup>

The recent Stern Review acknowledges that the effects of climate change, "particularly coupled with population growth" and existing tensions, could be a contributory factor in civil conflict.<sup>62</sup>

Countries that have completed their demographic transition and now have low birth rates, have been shown to be less vulnerable to conflict.

54. Prof. Michael Lipton Oral evidence to the Group, 3rd July 2006, p.16

55. LSHTM Written evidence to the Group, p.14

56. Robert Eastwood, University of Sussex Oral Evidence to the Group, 3rd July 2006, p.2-3

57. Robert Eastwood, University of Sussex Oral Evidence to the Group, 3rd July 2006, p.2-3

58. Catherine Budgett-Meakin, Population and Sustainability Network (PSN) Oral evidence to the Group, 8th May 2006, p.3; Richard Cincotta P., Engelman Robert and Anastasion Daniele (2003) *The security Demographic: Population and civil conflict after the cold war*. Washington, D.C., Population Action International

59. LSHTM Written evidence to the Group, p.15

60. LSHTM Written evidence to the Group, p.15

61. Richard Cincotta P., Engelman Robert and Anastasion Daniele (2003). *The security Demographic: Population and civil conflict after the cold war*. Washington, D.C.: Population Action International

62. Stern Review (2006): *The Economics of Climate Change*, p.112

**“Between 2000 and 2015, nearly 1.5 billion young men and women will enter the 20 to 24 age cohort. They, and hundreds of millions of teenagers, will be looking for work. If they have jobs they will drive economic growth; if not they will fuel political instability.”**

**UNFPA<sup>63</sup>**

**Migration.** Poverty and population growth are also closely related to increased migration. The majority of migratory flows, with the largest impact on development and on the MDGs, are within national boundaries or within regions.<sup>64</sup> Much of the urban growth is driven by migration from densely populated rural areas where fertility is high and the population is growing rapidly.<sup>65</sup> In Africa, the number of urban inhabitants increased from 199 million in 1990 to 353 million in 2005, and is projected to reach 489 million by 2015.<sup>66</sup> With urban growth at rates as high as 8.5%, poverty is increasingly being urbanised. In fact, urban slums will absorb the majority of future population growth (see MDG 7). High urban population growth is not limited to sub-Saharan Africa - the urban population of Pakistan is expected to double in less than 20 years as well.<sup>67</sup> According to the Stern Review the pressure of the impacts of climate change in developing countries, when combined with population growth, will exert significant pressure on migration rates.<sup>68</sup>

Migration is also a factor in impeding poverty alleviation, when a vicious circle is created whereby high population growth impedes the building of human capital, which in turn continues to drive the population growth.<sup>69a</sup>

Where individuals become concerned their accumulated skills are being wasted by a lack of opportunity, migration can drain the market of what few skills it has. Dr Rogelio Castilla of the UNFPA said “If they have developed human capital beyond the returns that they expect in the country where they live, and they see that they get better returns for their own investments in their training capacity, they will look for new markets for their skills.”<sup>69b</sup>

**“Partly because of continued high rates of population growth, Africa’s per capita growth was only 1.7% in 2003, well below the 7% required to achieve the Goal of halving poverty by 2015.”**

**DFID<sup>70</sup>**

63. UNFPA Written evidence to the Group, p.9

64. UK DFID Written evidence to the Group, p.25

65. LSHTM Written evidence to the Group, p.11; UNFPA Written evidence to the Group, p.13

66. United Nations Economic Commission for Africa (UNECA) Written evidence to the Group, p.3; Yousif, H.M. (2005) Rapid urbanisation in Africa: Impacts on Housing and Urban Poverty; Economic Commission for Africa, Africa’s Sustainable Development Bulletin (2005), Assessing Sustainable Development in Africa. ECA, Addis Ababa, Ethiopia, p.55-59

67. Gul e Farkhanda, Pakistan Written evidence to the Group, p.5

68. Stern Review (2006): The Economics of Climate Change, p.111

69a. Dr Paul Van Look, WHO Oral evidence to the Group, 19th June 2006, p.5

69b. Dr Rogelio Castilla, UNFPA Oral evidence to the Group, 19th June 2006, p.9

70. UK DFID Written evidence to the Group, p.29

“The battle against endemic poverty and chronic hunger, particularly in the world’s 50 Least Developed Countries, is made all the more difficult due to their current high rates of population growth.”

United Nations - OHRLLS<sup>71</sup>

*“During the 1980s, many countries achieved a fall ...[in] fertility [and] lowered their poverty ratios. This happens through two mechanisms: the first is lower fertility has been shown in a number of studies to increase the rate of economic growth. That happens because, firstly, savings are spread less thinly. If the population is growing less fast, then clearly savings can give more machines to each worker rather than just having to equip a lot more workers. The second main way is that when the fertility rate goes down you simply have more workers per head of population, so you have fewer dependents around. Both of these effects make economies with lower fertility grow faster.”*

Robert Eastwood, University of Sussex<sup>72</sup>

“Sustained high fertility rates and rapid population growth could for some countries pose obstacles to poverty reduction as serious as that from HIV and AIDS.”

DFID<sup>73</sup>

*Target : Halve, between 1990 and 2015, the proportion of people who suffer from hunger.*

As global population grew from three to six billion in the second half of the twentieth century, food production also expanded. There is no guarantee, however, that food production will keep pace with the addition of the next three billion people in the first half of the twenty-first century. In 1984, the year of the infamous famine, the population of Ethiopia was 42 million.<sup>74</sup> Today it has reached 75 million and by 2050 the country is projected to have a population of 145 million.<sup>75</sup> At the moment eight million Ethiopians already live on permanent food aid.<sup>76</sup>

71. United Nations - OHRLLS Written evidence to the Group, p.1

72. Robert Eastwood, University of Sussex Oral evidence to the Group, 3rd July 2006, p.3

73. UK DFID Written evidence to the Group, p.18

74. United Nations Demographic Yearbook 1989, New York (1991), p.116-67

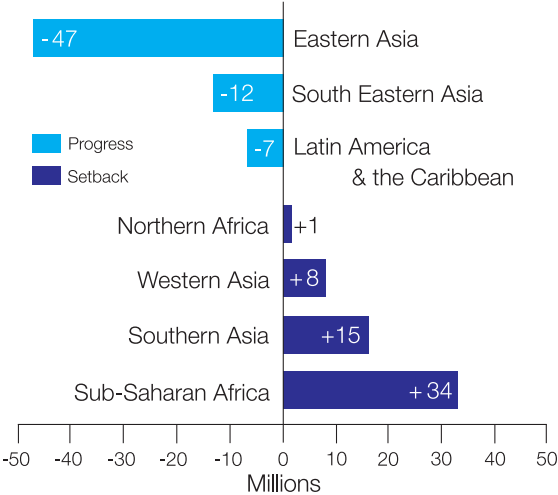
75. Population Reference Bureau at website [www.prb.org](http://www.prb.org)

76. World Food Programme Annual Reports 2006, p.24

The rate of increase in food production worldwide appears to be slowing down. Even in the brief interval between now and 2025, cereal production must increase from the present 2.2 billion tons to three billion tons, to keep up with population growth.<sup>77</sup> Figure 10 shows that setbacks in the number of people with sufficient food in Southern and Western Asia and Africa have almost outweighed the progress that has been made in Eastern Asia and Latin America.

Figure 10

### Change in number of people with insufficient food between 1990 and 2002 (millions)



**Food supplies.** While a country’s rate of population growth is not seen as a reliable way to predict changes in malnourishment at national levels, the United Nations Food and Agricultural Organisation (FAO) acknowledge that food security will be much harder to achieve if population growth cannot be reduced.<sup>78</sup> FAO lists population growth, HIV/AIDS, marked gender inequality, high levels of urbanisation and forced migration, as posing the greatest threat to food security. They call the food prognosis in sub-Saharan Africa grim and note that South-Central Asia is at risk as upward trends in food demand and population growth take effect.<sup>79</sup>

High-fertility countries such as Ethiopia, Malawi, Rwanda and Burundi are experiencing the ongoing subdivision of subsistence farm plots. Many of these farms can no longer support families of five or six people. Hunger drives subsistence farmers to plough step hills and overgraze fragile rangelands. A recent report by the FAO concluded that soil exhaustion, erosion and overgrazing by livestock continue to grow with population.<sup>80</sup> While community assets such as forest, water and land come under pressure, competition rises for shared food resources such as fish, other wild animals and wild plants, as they become more important as food sources.<sup>81</sup>

77. UK DFID Written evidence to the Group, p.8  
 78. United Nations Food and Agriculture Organisation (FAO) Written evidence to the Group, p.3  
 79. FAO Written evidence to the Group, p.3  
 80. Robert Engelman Oral evidence to the Group, 15th May 2006, p.3 - from Postel, Sandra, (1997) [1992], Last Oasis: Facing Water Scarcity, revised edition, W.W. Norton, New York; Postel, Sandra, (1999), Pillar of Sand: Can the Irrigation Miracle Last?, W.W. Norton, New York; Postel, Sandra L., Ehrlich Paul R. and Gretchen C. Daily, (1996), Human appropriation of renewable fresh water, Science, 271: p.785-788; UNFAO (2005) The State of Food Insecurity in the World, p.24  
 81. UK DFID Written evidence to the Group, p.9

One study of 19 countries with rapid population growth concludes that agriculture in Africa is unlikely to enjoy the benefits that the 'green revolution' brought to Asia and parts of Latin America because of:

- Lack of fertile land
- Lack of water
- Lack of finances to improve production
- Limited potential for cash-crops
- Increasing urbanisation

Countries with populations set to treble by 2050 such as Niger, Mali, Burkina Faso and Somalia, are not going to be able to find ways to feed their growing populations. In Niger, the population is predicted to increase from 14 million in 2000 to 50 million in 2050. The educational system cannot keep pace with the growing cohorts of school children and a large proportion of the next generation will lack the skills to be anything but subsistence farmers. Only 12% of the country is cultivatable and even that land is already severely degraded. The severity of the problems facing Niger and similar countries on the fringe of the ever growing Sahara desert is difficult to over-emphasise.<sup>82</sup> In such settings, achieving rapid fertility declines is critical to survival.

**Water.** Over the next two decades, 50 countries will face serious shortages of fresh water. Population size defines the demand for water and the greatest use of water is for agriculture. Largely as a result of population growth, the number of people facing water-shortages is growing exponentially. Over the next two decades (depending on the exact rate of population growth), between 2.75 billion and 3.25 billion people will live in countries that face water shortages.<sup>83</sup> (For further discussion on this issue please see MDG 7).

82. LSHTM Written evidence to the Group, p.15; Alexandratos N. (2005) 'Countries with rapid population growth and resource constraints: Issues of food, agriculture and development.' *Population and Development Review* 31(2):p.237-258

83. PAI Written evidence to the Group, p.3; Engelman, Robert et al (2006) *People in the Balance Web Update 2006*

## MDG 2: Achieve universal primary education

*Target: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.*



**Rapid population growth undermines basic education in a vicious cycle of mutually destructive ways, as in high population growth countries, the number of school age children can double every 20 years.<sup>84</sup> Assuming class sizes of 40, an extra 2 million school teachers per year are required just to stand still.<sup>85</sup> The challenge grows with time, as almost 30% of the world population is under the age of 15.<sup>86</sup>**

Where there is high population growth, universal primary education becomes an illusion. For example, literacy rates in Tanzania fell from 90% in 1986 to 68% in 1995. This has been attributed to the government being unable to keep up with the increased costs of providing public services for the growing population, leading to increased school fees.<sup>87</sup>

Rapid population growth undermines education in several ways:

- As pupil/teacher ratios rise, educational quality is at risk. In Africa, average class size increased from 40 in 1990 to 47 in 2001<sup>88</sup>
- When poor families have large numbers of children, some children receive no education, while schooling for others is delayed, interrupted or shortened<sup>89</sup>

84. LSHTM Written evidence to the Group, p.12

85. MSI Written evidence to the Group, p.4

86. Population Reference Bureau, World Population Data Sheet 2005

87. WHO Written evidence to the Group, p.5; Richey L.A. (2003) Women's reproductive health & population policy: Tanzania, Rev. Afr. Polit. Econ. 96, p.273-292

88. UK DFID Oral evidence to the Group, March 2006, p.13 - UNESCO's Global Monitoring Report 2005

89. UNFPA Written evidence to the Group, p.7



- In most studies, high fertility and large households particularly damage the educational prospects of girls<sup>90</sup>
- Large household size – apart from reducing children’s chance of receiving education<sup>91</sup> – also impairs their prospects of benefiting from a given amount of education. This is partly because sick children make bad pupils<sup>92</sup>
- High population growth rates inevitably mean that working age adults each have a higher number of dependent children. This “dependency ratio” has been shown to have negative effects on school systems, as well as household saving and growth in per capita income<sup>93</sup>

**Urbanisation.** In many regions, lack of educational and employment opportunities are encouraging rural-urban migration, which in turn is putting further strain on often already over-stretched educational and health systems. Without education and employment, young people migrate to the cities. When even developed countries find it hard to keep up with minimal population increases and adjustments, it is obvious that countries with limited resources and funding will be under considerable stress.<sup>94</sup>

**Increased economic disparity.** High fertility also increases the rich-poor divide as larger families tend to be poorer.<sup>95</sup> Such differences in fertility levels between economic quintiles – rather than general population growth – as are now seen in a number of developing countries (see figure 6), have been shown to have a negative effect on the development of human capital.<sup>96</sup> Conversely, when family size falls, the country can benefit.

**Demographic dividend.** Governments can invest more in education and the individual family can invest more in each child. With a falling birth rate and growing economy, China has raised educational expenditure by a factor of 10, and 98.6% of 15 to 25-year olds are now literate. Middle school enrolment has increased from 67%, to 9 out of 10 and a 90% balance of girls to boys has been achieved in schools.<sup>97</sup>

Educated mothers are more likely to have their children immunised against childhood diseases and to educate their daughters.

90. LSHTM Written evidence to the Group, p.12

91. Knodel, John and Wongsith, Malinee (2001) ‘Family size and children’s education in Thailand: Evidence from a national sample.’ *Demography* 29(1): p.119-121 - Research in Thailand has shown that even when other socio-economic variables are carefully controlled, children from families with one or two children are more likely to enter school and more likely to stay in school than children from families with four or more children.

92. Prof. Michael Lipton and Robert Eastwood Written evidence to the Group, p.2

93. UK DFID Written evidence to the Group, p.18

94. WHO Written evidence to the Group, p.5

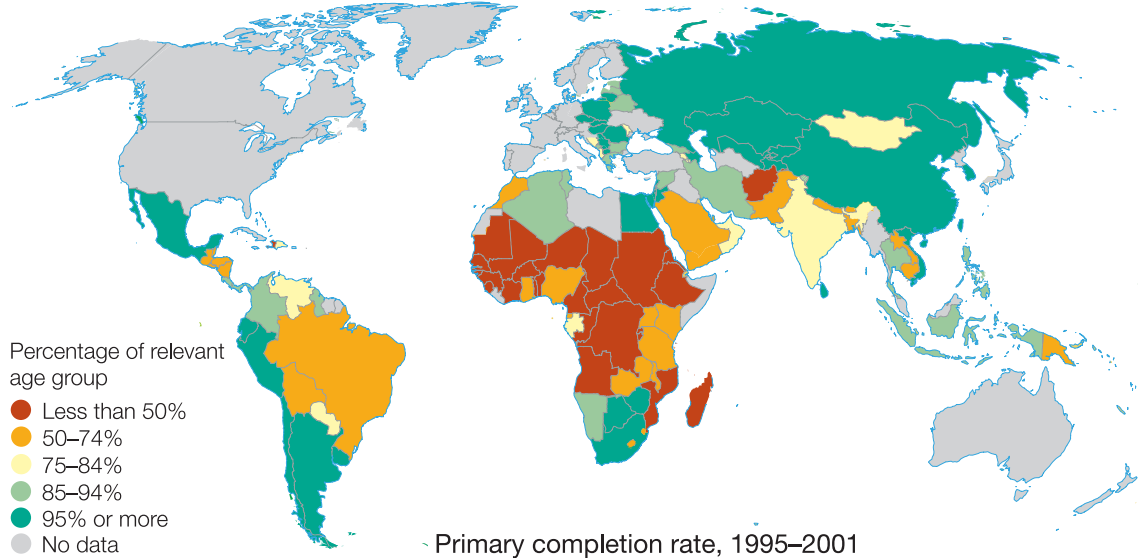
95. Prof. Michael Lipton and Robert Eastwood Written evidence to the Group, p.2

96. WHO Written evidence to the Group, p.5; De la Croix D and Doepke M (2002) *Inequality and growth: why differential fertility matters?* Department of Economics, UCLA. Working paper

97. Dr Baige Zhao Preliminary Written evidence to the Group, p.16

Figure 11

### Countries in sub-Saharan Africa have low primary school completion rates, many under 50%



Source: World Bank Group

## MDG 3: Promote gender equality and empower women

*Target: Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education not later than 2015.*



**“Although women’s ability to control their fertility is by itself not sufficient to gaining their full empowerment and gender equality, it is the first and most important step.”<sup>98</sup>**

Women need to have many opportunities opened to them – education, fair treatment in employment, income, property, and a voice in civic matters. But no woman can be free unless she has the technologies and information required to enable her to decide whether, and when, to have a child and to escape the tyranny of unintended pregnancy. Women with numerous pregnancies and life-long child care find it difficult to participate in education, markets or politics.<sup>99</sup>

Women without access to family planning are likely to be younger when they have their first child, and less able to space or limit subsequent births.<sup>100</sup> The early initiation of sexual activity and unwanted pregnancies curtails education for those girls who do begin to get an education. In sub-Saharan Africa, between 8% and 25% of girls who drop out of school do so because of unwanted pregnancies.<sup>101</sup> Early marriage, as in Afghanistan or Ethiopia, deters parents from investing in female education, or curtails the education of the few girls who do start school.

98. WHO Written evidence to the Group, p.7

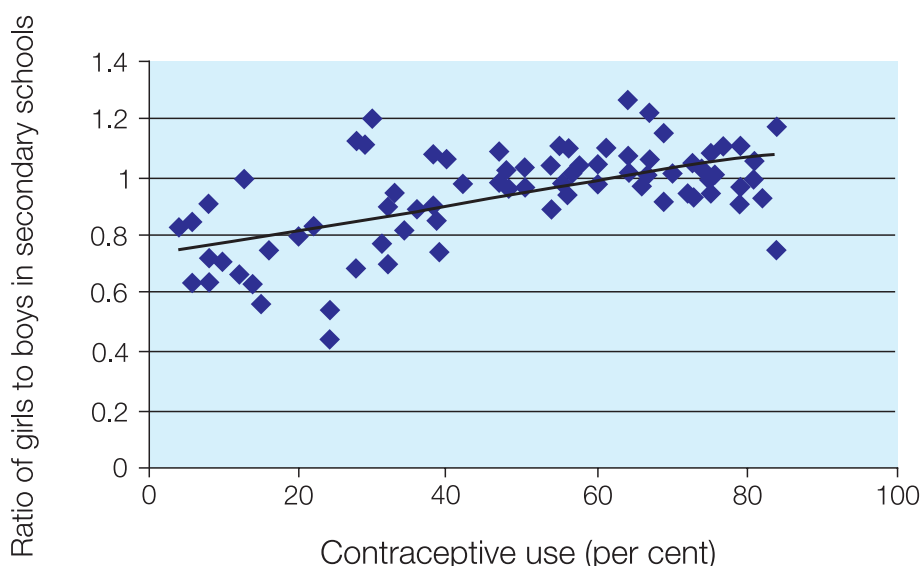
99. UK DFID Written evidence to the Group, p.3

100. IPPF Written evidence to the Group, p.4

101. UNFPA State of World Population 2002, People, poverty and possibilities, p.9

Figure 12

### Countries with high contraceptive use have a higher proportion of girls in secondary schools



Source: ICOMP

There are approximately 960 million illiterate adults in the world, of whom two thirds are women.<sup>102</sup> In sub-Saharan Africa, only 26% of students entering secondary school are girls.<sup>103</sup> When the number of school age children is rising rapidly and educational facilities are overburdened, it is the education of girls that commonly suffers more than that of boys. In addition, in poor families, girls are more likely than boys to be deprived of education.<sup>104</sup>

According to UNESCO, 94 countries have already missed the 2005 target for gender parity in primary and secondary education, and 86 of these countries may not achieve this even by 2015.<sup>105</sup> By contrast, Iran has achieved a 90% balance of girls to boys in school and seem highly likely to achieve the MDG of eliminating gender disparities in education by 2015. As family size in Iran rapidly declined to replacement level fertility, more women than men entered Iran's universities.<sup>106</sup>

102. UNFPA ICPD & MDG follow up: Keeping Promises: Empowering and Educating Girls and Women at website [www.unfpa.org/icpd/10/icpd\\_ed.htm](http://www.unfpa.org/icpd/10/icpd_ed.htm)

103. Population Reference Bureau at website [www.prb.org](http://www.prb.org)

104. IIPPF. Written evidence to the Group, p.4; UNFPA Written evidence to the Group, p.7

105. UK DFID Written evidence to the Group, p.14 - UNESCO Education for All Global Monitoring Report (2006)

106. Prof. Malcolm Potts Written evidence to the Group, p.2

“Fewer and better spaced children, promoted by widespread access to family planning, enhances educational opportunities for children, especially for girls, and this in turn has a number of developmental benefits. These benefits include: lower incidence of HIV/AIDS, changed patterns of early marriage and fertility associated with demographic transition, greater subsequent productivity, gendered empowerment of girls, and enhanced opportunities for women to participate in economic and political life.”

**LSHTM**<sup>107</sup>

“The ability of women to control their own fertility is absolutely fundamental to women’s empowerment and equality.”

**DFID**<sup>108</sup>

107. LSHTM Written evidence to the Group, p.12

108. UK DFID Written evidence to the Group, p.16

## MDG 4: Reduce child mortality

*Target: Reduce by two-thirds, between 1990 and 2015, the under five mortality rate.*



**Evidence reveals at least two important causes of child mortality directly related to population growth: high fertility and reduced access to safe drinking water.**

If current trends continue, sub-Saharan Africa will only see a 13% reduction in infant mortality by 2015, compared to an MDG target of two-thirds. In some situations, the infant mortality rate is actually rising and urban children in some areas now have higher mortality than their, traditionally more at risk, rural counterparts.<sup>109</sup> Almost half of the world's 10.5 million under-five child deaths take place in Africa.

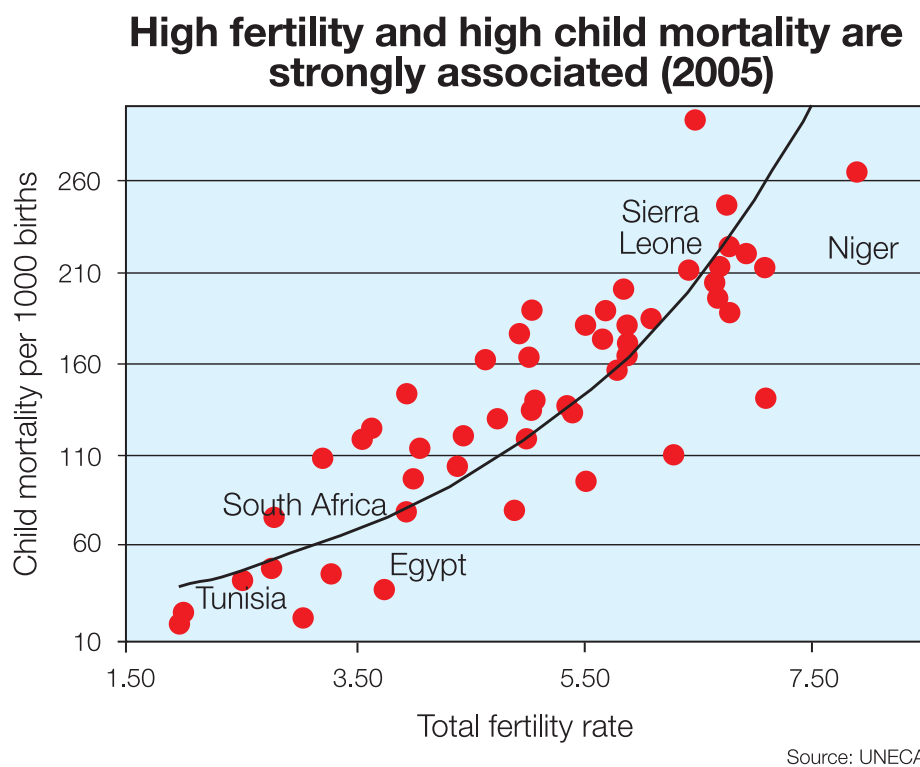
The two most important causes of child mortality directly related to population growth are high fertility and reduced access to safe drinking water.

**High fertility.** High fertility is strongly associated with child mortality (see figure 13). This is because many closely-spaced children, common in large families, leads to increased child deaths. A child born 18 or fewer months after the birth of the previous sibling, will have three times the chance of dying than one born after a 36 months interval. In addition, short birth intervals are associated with chronic malnutrition, which in turn contributes to about 50% of all child deaths.<sup>110</sup>

109. APHRC Written evidence to the Group, p.4

110. UK DFID Written evidence to the Group, p.18

Figure 13



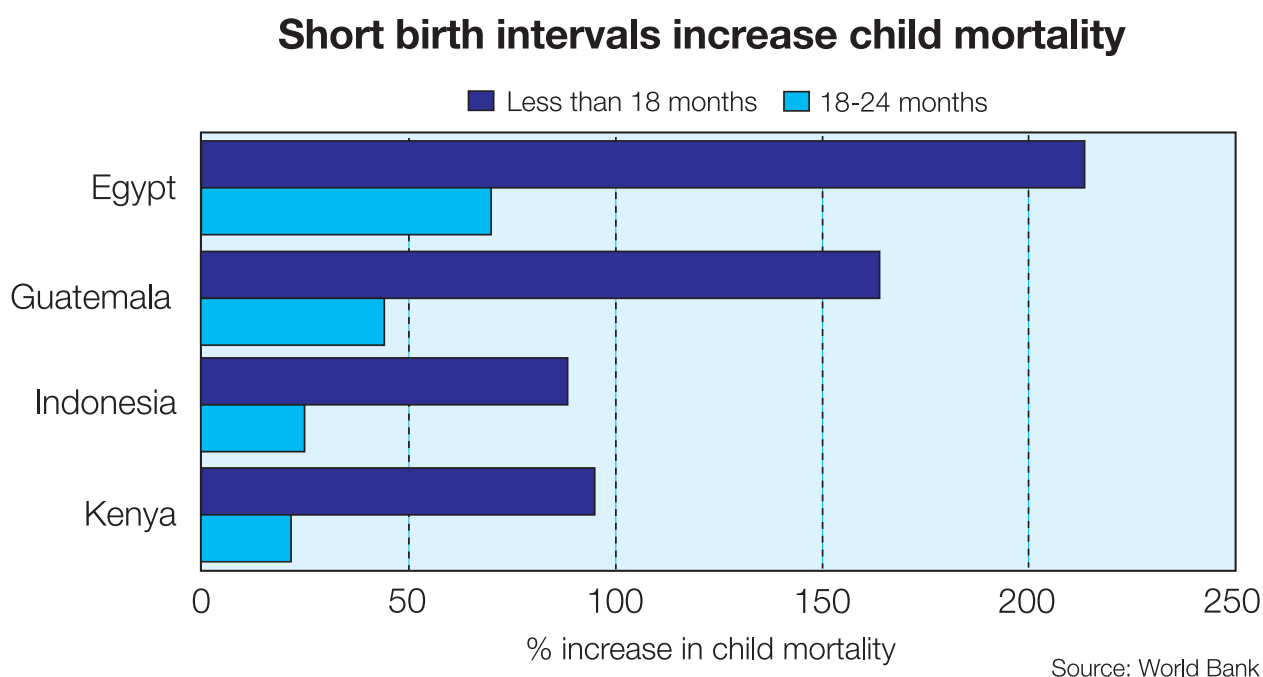
In addition, governments in countries with high fertility – and thus significant population growth – find it difficult to keep up with the demand for health services that help save children’s lives. In Kenya, for example, the infant mortality rate was 90 deaths per 1000 births in the late 1980s. This situation has deteriorated and the rate is now 115 deaths per 1000 births. Part of this is due to AIDS deaths, but part is the result of a decline in vaccination coverage as over-stretched health services have failed to keep pace with growing numbers of births and children eligible for vaccination.<sup>111</sup> In Nigeria, the growing population will push the cost of vaccines from \$20 million annually in 2000 to \$70 million in 2015.<sup>112</sup>

**“Unwanted children are more likely to die than wanted ones.”**  
**UNFPA<sup>113</sup>**

Family planning is one of the most cost effective ways of reducing infant mortality. An estimated 1 million of the 11 million infant deaths each year could be averted, simply by ensuring children are born more than two years apart.

111. LSHTM Written evidence to the Group, p.10  
 112. AFPODEV Written evidence to the Group, p.5  
 113. UNFPA Written evidence to the Group, p.8

Figure 14



**Access to safe water.** Every day on average, 5,000 children die from diseases related to unsafe water and lack of sanitation. Billions of dollars have been spent to improve water treatment and delivery infrastructure, but the spending has never been sufficient to keep ahead of global population growth.<sup>114</sup> For more on Safe Water see MDG 7.

**Urban child mortality.** High fertility and lack of access to safe water conspire to raise urban child mortality. The children in the fast-growing urban slums have been shown to be particularly at risk to high rates of child mortality. Studies in Kenya have shown that as urban population growth increases, child mortality rates increase, or decline only minimally.<sup>115</sup> Through their studies of the Nairobi slums, Dr Fotso and his colleagues have shown rates of child mortality to be the highest in the whole of Kenya – higher even than the traditionally worst affected rural areas with rates as high as 134 deaths per thousand births. This tragedy is caused both directly and indirectly through the lack of safe drinking water for the rapidly increasing urban population.<sup>116</sup> These problems are not limited to Nairobi slums; 72% of Africa’s urban population live in slums<sup>117</sup> and this is increasing at between 6% and 8% each year.

114. PAI Written evidence to the Group, p.3

115. APHRC Written evidence to the Group, p.5

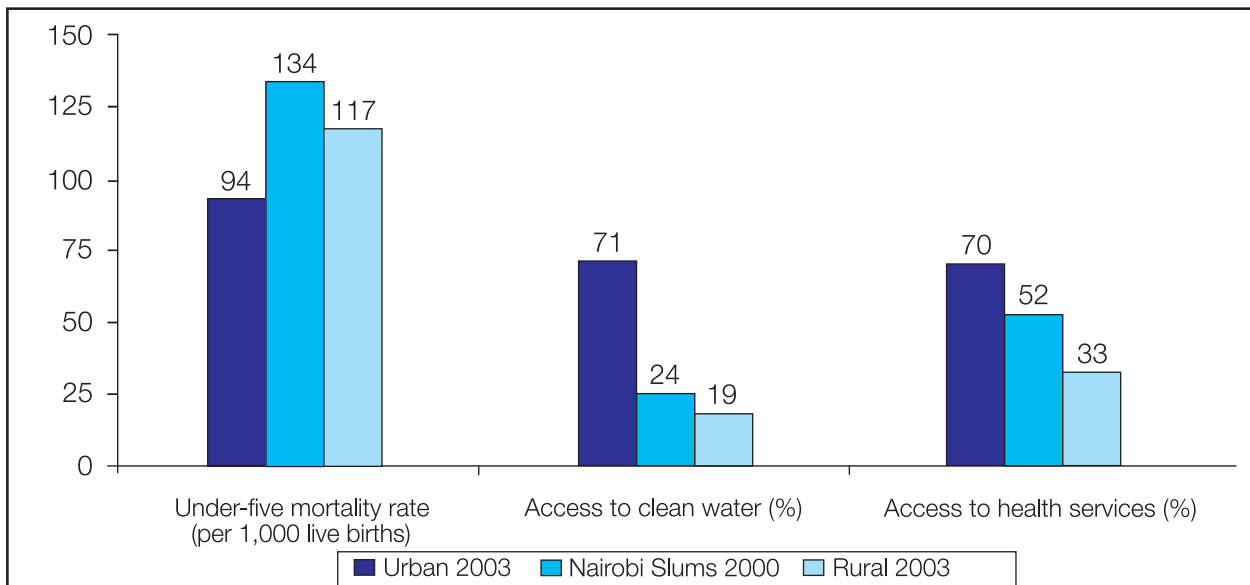
116. APHRC Written evidence to the Group, p.7

117. Economic Commission for Africa Report March 2005, Our Common Interest



Figure 15

### Urban slums are the least healthy places to live. Kenya



Source: APHRC

## MDG 5: Improve maternal health

*Target: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio (MMR).*



**High fertility strongly increases a woman's lifetime risk of dying from pregnancy related causes.** <sup>118</sup>

One woman a minute dies from pregnancy, childbirth or unsafe abortion<sup>119</sup> and 99% of these deaths occur in developing countries. In Africa and countries such as Afghanistan, little or no progress has been made towards the MDG of reducing maternal mortality by three-quarters between 1990 and 2015.<sup>120</sup>

The role of family planning in improving maternal health is vital and the evidence is overwhelming.

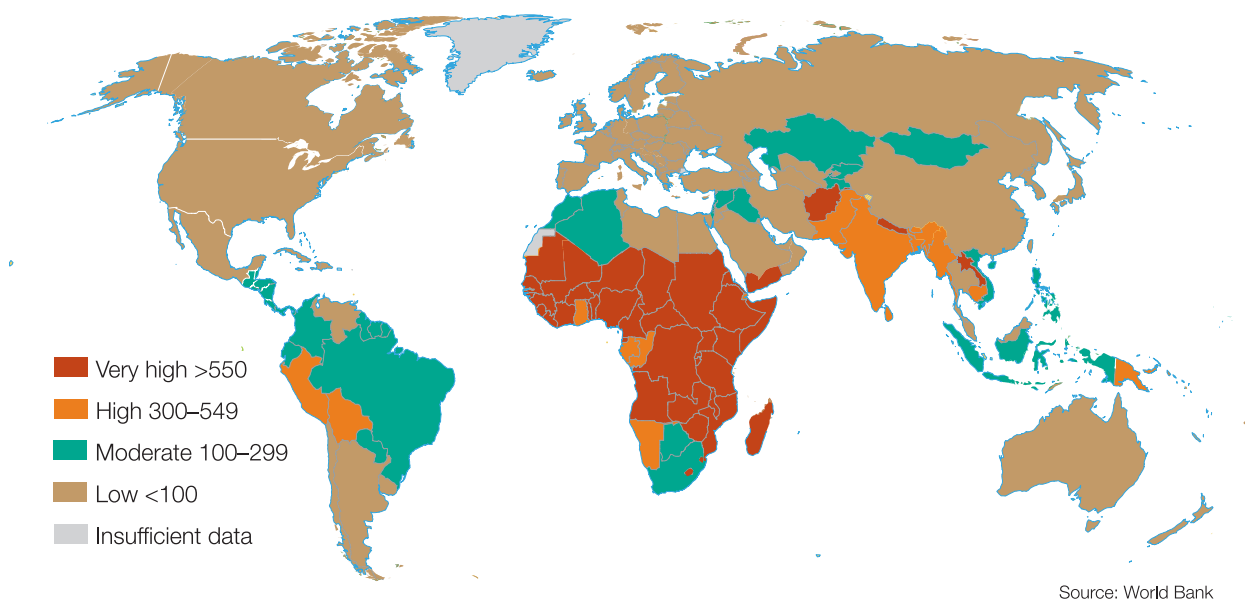
118. UK DFID Written evidence to the Group, p.18

119. Sir David King Oral evidence to the Group, 3rd July 2006, p.14

120. Prof. Malcolm Potts Written evidence to the Group, p.14; London School of Economics Written evidence to the Group, p.4

Figure 16

## Worldwide maternal mortality, 2000



**Avoid unwanted pregnancies.** Of the 380 women who become pregnant every minute, half of them do not plan or wish the pregnancy.<sup>121</sup> Accessible and effective family planning services have the potential to reduce maternal deaths by 35%, by simply preventing unintended babies from being born.<sup>122</sup> So family planning saves women's lives by reducing unwanted pregnancies and unsafe abortions.<sup>123</sup> Each pregnancy multiplies a woman's chance of dying from complications of pregnancy or childbirth. In settings such as sub-Saharan Africa where most of the women do not have access to basic obstetric care, access to contraception may be a matter of life and death.<sup>124</sup>

**Avoid high risk pregnancies.** When a woman is too young, too old, has had too many children, or many closely spaced births, the risk of maternal death increases. Family planning can help a woman plan her pregnancies to protect her health. The value of contraceptive use in reducing maternal deaths is illustrated in Figure 17. As use of family planning rises, fewer mothers die.<sup>125</sup>

121. Sir David King Oral evidence to the Group, 3rd July 2006, p.14

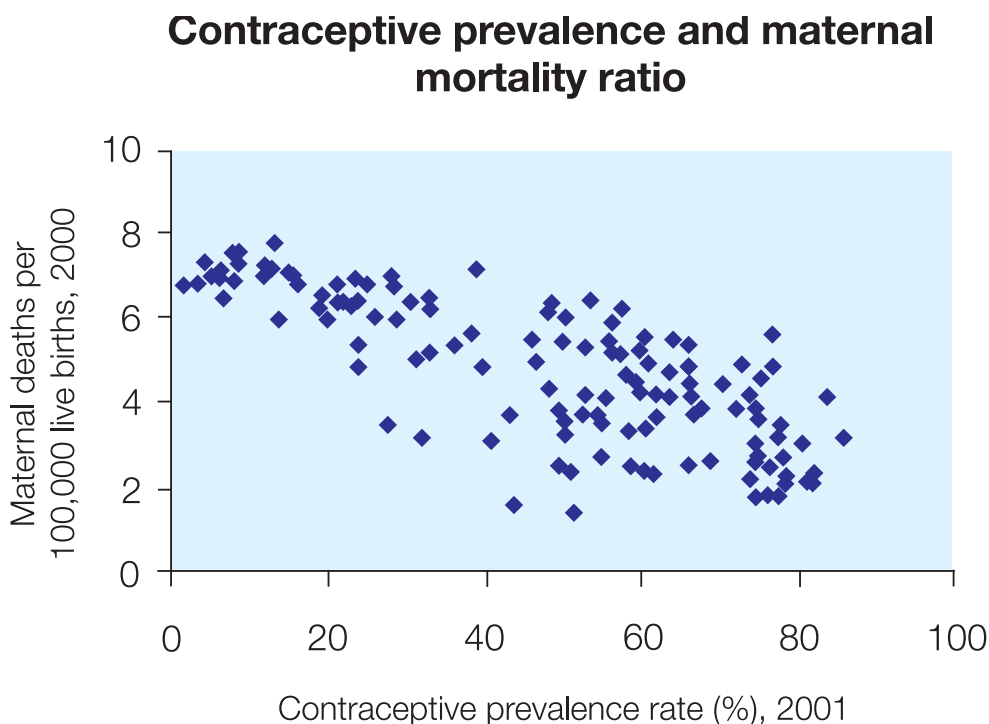
122. UK DFID Written evidence to the Group, p.14

123. UNFPA Written evidence to the Group, p.9 - Cincotta R.P. and Haddock S., Family Planning in sub-Saharan Africa: Reducing Risks in the era of AIDS. Population Action International 2006, 1(2): p.1-7; LSE Written Evidence to the Group, p.5

124. Dr Ndola Prata Written evidence to Group, p.3 - WHO (2004) Addressing Africa's Health Workforce Crisis: An Avenue for action

125. ICOMP Written evidence to the Group, p.6

Figure 17



Source: ICOMP

**Lack of skilled care.** Maternal mortality and morbidity falls most rapidly when women can receive skilled care during delivery. Unfortunately poverty, population growth and lack of trained health workers where they are needed, means that the number of women without skilled attendant at delivery will remain the same, or even rise. In Bangladesh, 42% of richer women receive skilled care against only four percent of the poorest quintile.<sup>126</sup> Ten percent of the world's maternal deaths occur in Nigeria, and while two thirds of women received antenatal care only one third were attended by a trained person, and that percentage is likely to fall as the number of women of fertile age rises from 31 million today to 45 million in 2015.<sup>127</sup>

**“Forty one percent of pregnancies globally are unwanted, with 22% resulting in induced abortion. This suggests that between a third to two fifths of maternal deaths could be eliminated if unplanned and unwanted pregnancies among sexually-active women were prevented through increased contraceptive use.”**  
**London School of Hygiene and Tropical Medicine<sup>128</sup>**

**Unsafe abortion.** Abortion is common everywhere and studies show that abortion rates are similar in both developing and developed regions. On average, every adult woman in the world will

126. Dr Hilary Standing, Institute of Development Studies, University of Sussex Written evidence to the Group, p.2

127. AFPODEV Written evidence to the Group, p.6

128. LSHTM Written evidence to the Group, p.7

have one induced abortion during her fertile years.<sup>129</sup> But the risk of death from an unsafe abortion can be literally 1000 times greater than the risk of death from a safe abortion performed in the first three months of pregnancy. As one-fifth of the world's conceptions end in induced abortion, the need for access to family planning is exceedingly important.<sup>130</sup>

**Impact of mother's death or disability.** The death of a mother hazards the lives of any surviving children under the age of five, and the half million maternal deaths each year are adding 1.5 million infant deaths to the high toll noted above. In addition to the half million women who die each year, an estimated 210 million women have life-threatening complications of pregnancy, often leading to serious disability.<sup>131</sup> In many developing countries, women earn up to 60% of household income, so maternal death, or chronic sexual or reproductive ill health, also makes a huge financial, as well as a social difference, to many families.<sup>132</sup>

**Civil conflict.** In addition, civil conflict and migration exacerbate problems of maternal mortality and morbidity. Women in situations of conflict or migration are more vulnerable to abuse and sexual violence.<sup>133</sup> In areas of conflict in Sri Lanka the maternal mortality ratio is about five times higher than in areas unaffected, while in the troubled Chiapas region of Mexico the rate is double that of the rest of the country.<sup>134</sup>

**“Improvements in family planning including access to safe abortion along with more widespread access to technologies that save mothers lives during childbirth are essential, mutually supportive strategies for reducing maternal mortality.”**

**Professor Malcolm Potts<sup>135</sup>**

**“The majority of the 130 million women without access to reliable contraception in the world are in sub Saharan Africa, which explains why 58% of all induced abortions in the world occur in Africa. Surveys by the Guttmacher Institute suggest that 96% of the 19 million unsafe abortions in the world occur in developing countries. This accounts for about 15% of maternal deaths, rising up to 50% in some developing countries. This is why an effective and accessible family planning service can reduce maternal mortality by 35%.”**

**DFID<sup>136</sup>**

129. Dr Ndola Prata Written evidence to the Group, p.3 - Alan Guttmacher Institute (1999) Sharing Responsibility: Women Society and Abortion Worldwide, Alan Guttmacher Institute, Washington DC, USA.

130. LSHTM Written evidence to the Group, p.7

131. Glasier Anna, Metin Gulmezoglu A., Schmid George P., Morena Claudia Garcia, Van Look Paul F. A., Sexual and reproductive health: a matter of life and death, The Lancet, October 2006, p.11-33

132. IPPF Written evidence to the Group, p.3

133 Dr Rogelio Castilla, UNFPA Oral evidence to the Group, 19th June 2006, p.15-16

134 Patricia Hindmarsh, MSI Oral evidence to the Group, 8th May 2006, p.6

135. Prof. Malcolm Potts Written evidence to the Group, p.3

136. UK DFID Written evidence to the Group, p.19 - Department for International Development (2004). Reducing Maternal Deaths: Evidence and Action. DFID. London. UK; Alan Guttmacher Institute (1999) Sharing Responsibility: Women Society and Abortion Worldwide, Alan Guttmacher Institute, Washington DC, USA

## MDG 6: Combat HIV/AIDS, malaria and other diseases

Target: Have halted by 2015 and begun to reverse the spread of HIV/AIDS.



**There has been some progress in certain settings in gaining control over the spread of HIV.<sup>137</sup> However, globally, the actual number of people living with HIV/AIDS continues to grow. Population growth has a negative impact on gaining control over the spread of HIV/AIDS through two main routes: increased urbanisation and the persistence of poverty.**

The HIV/AIDS epidemic is a global catastrophe, responsible for over 20 million deaths worldwide with tens of millions of children left orphaned, and 40 million people living with HIV. In the countries hardest hit by AIDS (Botswana, South Africa, Namibia, Swaziland, Zimbabwe and Lesotho), high death rates and lower fertility means that population growth is now modest, and may become negative.<sup>138</sup> This is only the case, however, in countries with epidemics where more than 15% of the adult population is estimated to be infected. In most countries in Africa, high fertility and lower mortality means that population growth remains high.

**Rural-urban divide in rates of HIV/AIDS.** While six African countries have reported a drop in HIV prevalence of over 25% in young people,<sup>139</sup> rapid population growth has helped create an environment where HIV continues to spread. HIV infection levels are almost always higher in cities where commercial sex workers, migrant labourers and overcrowding increases infection rates. In Kenya, for example, where the urban population has increased 24-fold in the past 50 years, 12.3% of urban women are infected compared with 7.5% of rural women.<sup>140</sup>

137. Shelton J.D., Halperin D.T., Wilson D., *The Lancet* 2006 Apr 8;367(9517): p.1120-2. Has global HIV incidence peaked?

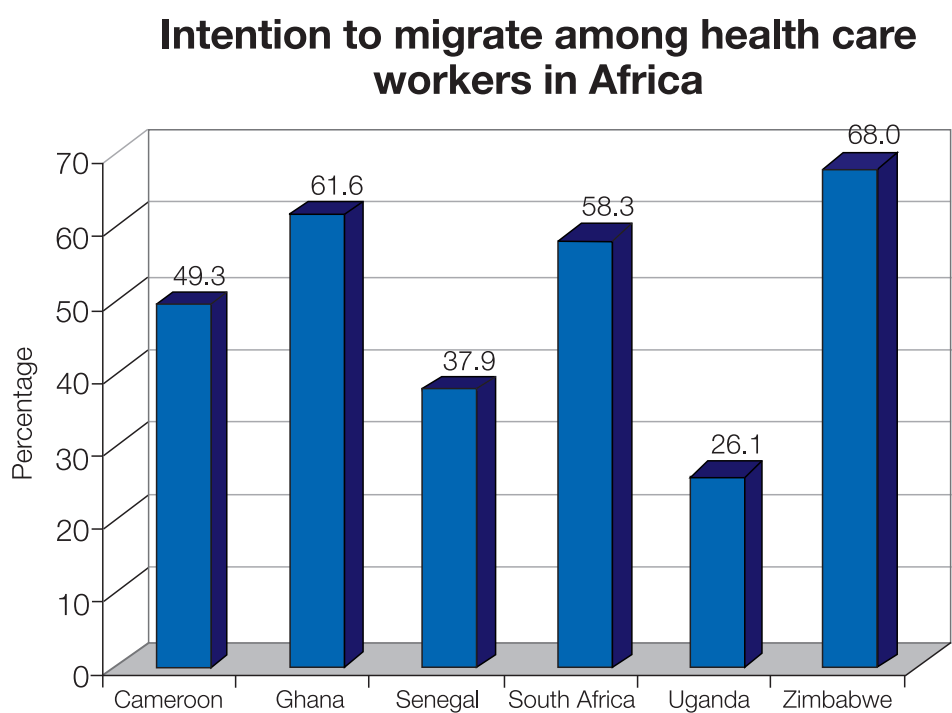
138. LSHTM Written evidence to the Group, p.11

139. Rt Hon Hilary Benn MP, Secretary of State for International Development, UK. Speech at LSHTM, 15th June 2006

**Overstretched health systems.** Persistent poverty and population growth go hand in hand to prevent governments from creating scaled-up health care systems and facilities that are adequate for managing the prevention and treatment of AIDS, malaria and other diseases. In addition, the problem is exacerbated by the emigration of doctors and nurses to other countries.<sup>141</sup>

**Retaining healthcare workers.** Retaining healthcare workers in many of the poorest countries is increasingly difficult. Africa has one quarter of the global burden of death and ill health, but only 1.5% of the health care work force.<sup>142</sup> Of this tiny number, because of deteriorating economic conditions and vanishing educational and job opportunities for their children, a sobering number of health professionals in many African countries have announced their intention to emigrate if they can (see figure 18).

Figure 18



Source: WHO Migration Report, 2005

**Preventing mother-to-child transmission (PMTCT).** For HIV positive women who do not want children, family planning offers an effective way of reducing the number of cases of vertical transmission of the virus from mother to infant.<sup>143a</sup> In fact, combining the prevention of HIV

140. LSHTM Written evidence to the Group, p.11

141. Dr Ndola Prata Written evidence to the Group, p.2

142. Dr Ndola Prata Written evidence to the Group, p.1 - WHO (2004) Addressing Africa's Health Workforce Crisis: An Avenue for action

143a. Dr Ndola Prata Written evidence to the Group, p.3 - Reynolds H.W., Janowitz B., Homan R., Johnson L., The value of contraception to prevent perinatal HIV transmission. Sex. Transm. Dis. 2006 Jun;33(6):p.350-6; Prof. Malcolm Potts Oral evidence to the Group, March 2006, p.20

infection in women in the first place with the prevention of unintended pregnancies in women who are HIV positive can decrease the proportion of infants infected by 35-45%.<sup>143b</sup>

**Support HIV positive women with their choices.** If an HIV positive woman wants family planning to avoid pregnancy, she should have access to the services she needs. If she wishes to get pregnant, she should be equally supported with good PMTCT services to avoid vertical transmission to her infant.

“This huge growth in the urban population has of course been largely the result of massive rural-urban migration, stimulated by mounting population pressure in densely populated rural areas. This migration remains highly fluid, with constant movement to and fro between town and country. The full implications of these movements for the spread of HIV/AIDS have yet to be worked out, but their importance clearly cannot be ignored.”

LSHTM<sup>144</sup>

*Target: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.*

This target is extremely important. Clearly the greater the population, the greater the difficulty in reducing the incidence of those suffering from malaria and other diseases. However, the evidence received in this inquiry did not produce sufficient evidence to reach any categorical conclusion.

143b. The Glion Call to Action on Family Planning and HIV/AIDS in Women and Children, 3-5 May 2004 at website [www.unfpa.org/upload/lib\\_pub\\_file/333\\_filename\\_glion\\_cal\\_to\\_action.pdf](http://www.unfpa.org/upload/lib_pub_file/333_filename_glion_cal_to_action.pdf)

144. LSHTM Written evidence to the Group, p.11



## MDG 7: Ensure environmental sustainability

*Target: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.*



**Reversing the loss of environmental resources cannot be achieved in the context of rapid or even moderate population growth.**

In 1993, 56 scientific academies from around the world, including the Royal Society of London and the US National Academy of Sciences, met in New Delhi, India and in their extended statement, which included the words above, they called for “decisive action now to adopt an integrated policy on population and sustainable development on a global scale. With each year’s delay the problem becomes more acute.” Unfortunately, decisive action was not taken. Scientists estimate that roughly 60% of the world’s ecosystems have been degraded or are being used unsustainably.<sup>145</sup>

Environmental degradation is commonplace in many parts of the world as increased numbers of people struggle to feed themselves. According to the Stern Review, the impacts on the natural environment from the effects of climate change will be felt most strongly by the poorest and least developed regions.

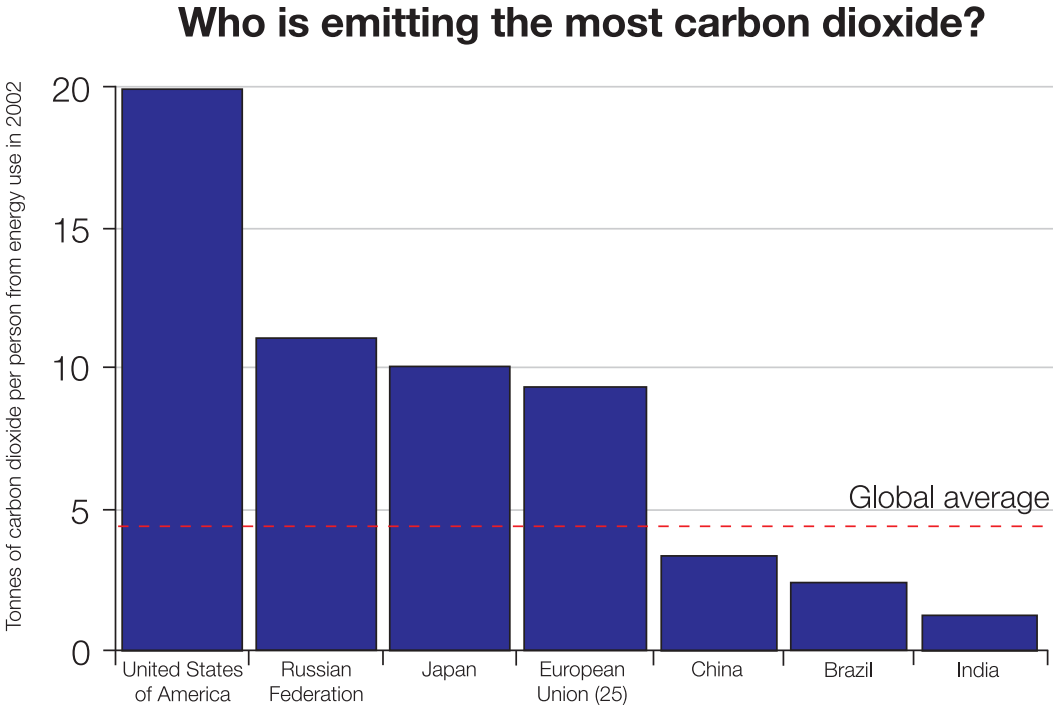
**Rich countries account for majority of consumption.** Many global environmental problems are influenced by the consumption that takes place in industrialised countries. Currently the world’s richest countries (with 20% of global population) account for 86% of total private consumption. The poorest 20% of the world’s people account for just 1.3%.<sup>146</sup>

145. PAI Written evidence to the Group, p.2; Prof Joseph Speidel Additional Written evidence to the Group, 3rd July 2006, p.5

146. UNFPA State of World Population Report 2001, Footprints & Milestones:Population & Environmental changes, p.6

The consumption differential is an extremely important issue, especially with regard to the effect that developed countries both directly and indirectly through climate change, are having on the poorest regions of the earth.<sup>147</sup> A child born today in an industrialised country will add more to consumption and pollution over his or her lifetime than 30 to 50 children born in developing countries.

Figure 19



Source: World Resources Institute climate analysis indicators tool version 3.0 (2006) www.wri.org

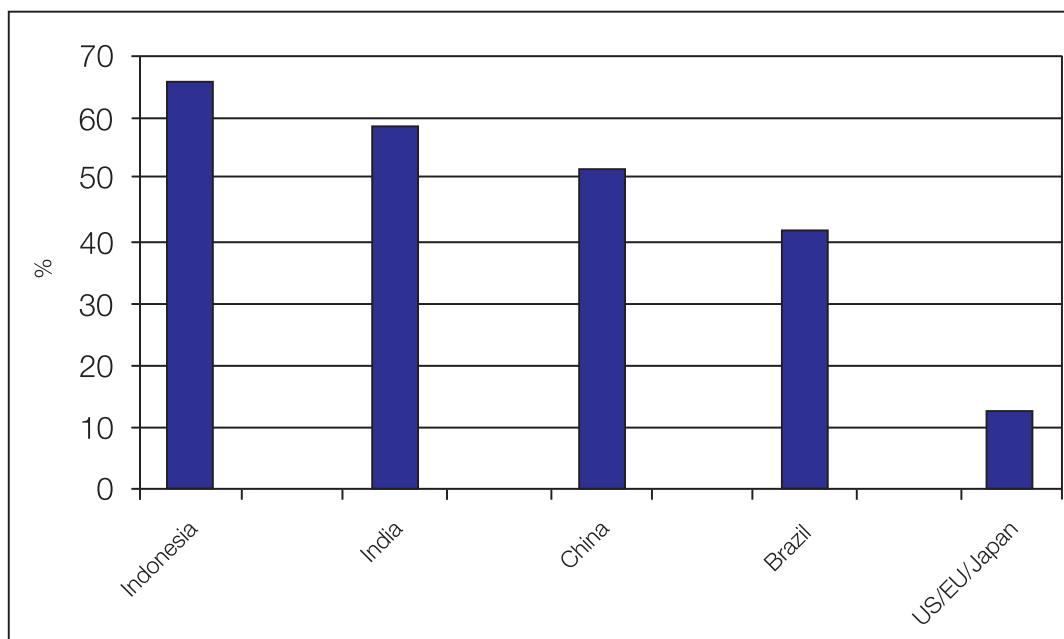
**Poor countries must be supported in their efforts to develop sustainably.** As developing countries progress, their consumption increases in line with their development. This is being clearly illustrated by the meteoric growth of automobile ownership in China and India.<sup>148</sup> We support the recommendations of the recent Stern Review that greater international co-operation is needed. Future international frameworks should help finance effective policies and programmes for reducing emissions and accelerate the transition to low-carbon economies through emissions trading, technology co-operation, reducing deforestation and adaptation.<sup>149</sup> By 2004, it was calculated that human beings were consuming 20% more of the world’s renewable resources than can be sustained in the long-term.<sup>150</sup>

**Population growth exacerbates the problem.** Population growth is exacerbating problems in environments already left vulnerable by climate change. Population pressures are adding to the difficulty in the achievement of environmental sustainability, particularly regarding agricultural lands, forests, water and biodiversity. And it is often the poorest communities who are worst affected.

147. PSN Written evidence to the Group, p.7  
 148. PAI Written evidence to the Group, p.2  
 149. Stern Review (2006): The Economics of Climate Change, p.ix  
 150. Planet 21 Written evidence to the Group, p.4

Figure 20

### Percent rise in fossil fuel consumption 1993-2002



Source: LSHTM; Dyson T. IUSSP Conference, Tours 2005

**Fragile ecosystems.** The Millennium Ecosystem Assessment found that 15 out of 24 essential ecosystem services - ranging from food production to water quality and availability, disease management and climate regulation - are being used unsustainably, and the capacity for the continued delivery of these services is being persistently eroded.<sup>151</sup> Environmental degradation is commonplace in many parts of the world, as increased numbers of people struggle to feed themselves. Coastal and marine ecosystems are facing increasing pressure. Forty percent of Africans already rely upon coastal and marine ecosystems, but if current patterns of migration continue, this figure is set to continue increasing, further degrading resources and leaving whole communities vulnerable to disaster.<sup>152</sup>

**Deforestation.** Deforestation is primarily perpetrated by commercial organisations, sometimes with government approval, sometimes illegally. This is a matter for individual government policy as envisaged by the MDG target. Sir David King told us that population change is linked directly to climate change, referring to the role of forests in the sequestration of carbon dioxide. In particular he drew attention to the loss of Brazil's forests which he described as "the lungs of the earth".<sup>153</sup>

According to UNECA Africa has the fastest rate of deforestation in the world, and population pressures have increased the amount of wood felled for fuel, clearing of land for food cultivation, and overgrazing. Climatic changes are also leading to more frequent bush fires and increased desertification.

151. UK DFID Written evidence to the Group, p.20

152. UNECA Written evidence to the Group, p.13; PAI Written evidence to the Group, p.5

153. Sir David King Oral evidence to the Group, 3rd July 2006, p.17

Ethiopia, with a population increasing at three percent each year, “has been clearing forests and vegetation at an alarming rate in order to meet its increasing requirements of food, fiber and energy”.<sup>154</sup> Population in Madagascar has tripled in 50 years, forcing new generations of farmers to move further upslope, burning the remaining forests from hillsides and planting in the thin soils. Surveys have shown that many Malagasy women would like to have fewer children, but have no access to family planning.<sup>155</sup>

**Land degradation.** As the result of growing human numbers and over cultivation of ecologically fragile lands, per capita grain yields in Africa have fallen by as much as 30% since 1970,<sup>156</sup> and some experts believe that it could halve in another 40 years as a result of land degradation.<sup>157</sup>

This is not only happening in Africa. Around Nepal's Koshi Tappu Wildlife Reserve, population is growing 3.5% per year. Local people rely upon subsistence farming and are expanding into environmentally fragile land not productive for agriculture, in order to feed their growing numbers. The locals' activities near the Reserve include agriculture, fuel wood collection, grass collection for domestic animals and thatch material, all of which are major causes of habitat degradation. Wildlife distribution is affected and sustainable management of the Reserve is failing.<sup>158</sup>

In rural areas, improvements in agricultural technology and soil replenishment often lag behind the growth in population, fostering environmental degradation and causing reduced yields.<sup>159</sup> In Pakistan, by 2050, grain land will have shrunk to less than one tenth of a hectare per person. Until the early 1980s, Pakistani farmers were successfully keeping pace with increases in population, as grain production per person rose steadily. Recently, however, production has fallen by nearly one percent a year as, “in effect, Pakistan's farmers are losing the battle with population growth.”<sup>160</sup>

**Fragile fishing.** Fisheries are also suffering. Fish catches in the northwestern and southeastern Atlantic Ocean have stabilised over the last decade, to levels approximately half the maximum reached three decades ago. Ten percent of fish species are so depleted they are no longer fished, while another 18% will decline without effective regulation. It is estimated that presently almost half of all fish species are being fished at their maximum sustainable limits.<sup>161</sup>

154. Bielli, Carla, Berhanu, Gezu, Isaias, Amare and Orasi, Arianna (2001) 'Population Growth and Environment in Ethiopia. In-Depth Studies from the 1994 Population and Housing Census in Ethiopia.' Italian Multi-Bi Research Project ETH/92/P01. Central Statistical Authority (CSA), Addis Ababa, Ethiopia and Institute for Population Research National Research Council (Irp-Cnr), Roma, Italy at website [www.irpps.cnr.it/etiopia/pdf/Population\\_Growth\\_and\\_Environment.PDF](http://www.irpps.cnr.it/etiopia/pdf/Population_Growth_and_Environment.PDF)

155. Cincotta, R. P. and Engelman R. (2000) Nature's Place: Human Population and the Future of Biological Diversity. Washington, Population Action International at website [www.populationaction.org/resources/publications/naturesplace/np\\_index.shtml](http://www.populationaction.org/resources/publications/naturesplace/np_index.shtml)

156. Planet 21 Written evidence to the Group, p.7

157. Planet 21 Oral evidence to the Group, 15th May 2006, p.10

158. Medini Bhandari Syracuse University Written evidence to the Group, p.1

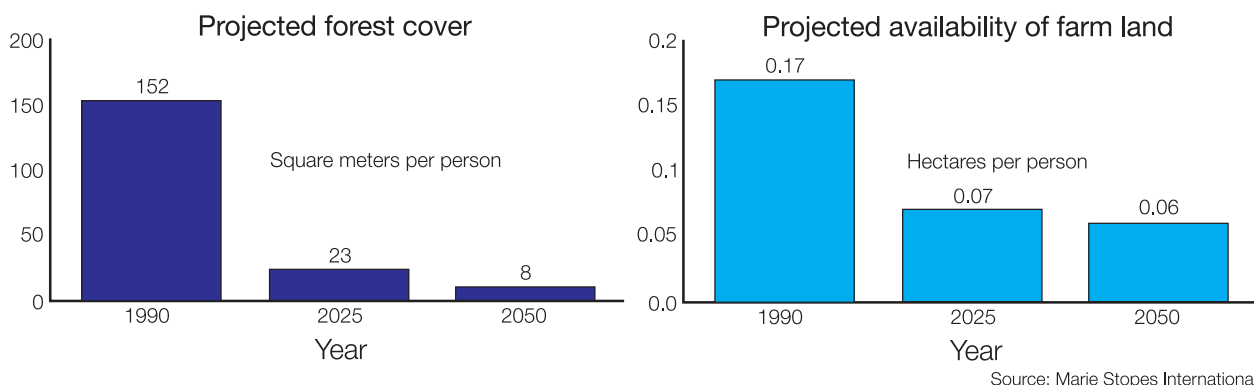
159. UK DFID Written evidence to the Group, p.8

160. Brown, L. R., Gardner G. T. et al. (1999) Beyond Malthus: Nineteen dimensions of the population challenge, New York, N.Y., W.W. Norton at website [www.worldwatch.org/node/1079](http://www.worldwatch.org/node/1079)

161. FAO The State of World Fisheries and Aquaculture (2002) Part I. World Review of Fisheries and Aquaculture

Figure 21

## Forest cover and farmland: Pakistan



There is action that can be taken. A recent Integrated Population and Coastal Resource Management Initiative<sup>162</sup> has achieved success in coastal areas of the Philippines through working with local communities to encourage sustainability. Fish stocks were increasingly threatened by human activities, as the population growth rate across the country stands at 2.36%. In the Cullion region local subsistence fishermen were finding that it was becoming more and more difficult to haul catches that were sufficient to feed their families. However, through offering coastal residents education about their environment and the option to manage their family size through family planning, they have been able to reverse the trend of environmental degradation that was seriously threatening their food security.

Communities are no longer resorting to illegal fishing practices and destruction of the mangroves has ended. Locals are committed to maintaining a cleaner shoreline and improving disposal of waste. And the results are already showing, fish stocks are increasing in the Cullion area, and the percentage of underweight children dropped from 34% to 24% between 2001 and 2004 – well below the national average.<sup>163</sup>

**“Our planet is threatened by a multitude of interactive processes: the depletion of natural resources, climatic changes, population growth from 2.5 billion to over six billion people in just 50 years, rapidly growing disparities in quality of life, destabilisation in the ecological economy.”**

**Pontifical Academy of Sciences, the official science academy of the Vatican, statement 15 June 1994<sup>164</sup>**

162. PATH Foundation Philippines Written evidence to the Group, p.7

163. PATH Foundation Written evidence to the Group, p.5

164. Dr Frances Kissling Oral evidence to the Group, 3rd July 2006, p.2

## Outlook bleak for Niger

“This presents the potential for large-scale humanitarian crises in countries like Niger which already faces famine due to insufficient food or fertile land and a very high total fertility rate of 8 births per woman. Niger’s population is set to increase from 14 million to 80 million in 2050 – an unimaginable scenario in a country already unable to feed itself, facing widespread destruction of local ecosystems through over-grazing, continuing mass poverty, underemployment and massive dependence on international aid. Even if Niger’s fertility rate was to more than halve - to 3.6 - it faces a 50 million population by 2050. Currently only 4% of women use modern contraceptives, so without massive investment in family planning programmes, the outlook is bleak.”

LSHTM<sup>165</sup>

*“It is self-evident that the massive growth in the human population through the 20th Century has had more impact on biodiversity than any other single factor.”*

Sir David King<sup>166</sup>

*Target: Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation.*

**Today, 1.1 billion people lack access to safe drinking water. As population grows, the UN estimates two thirds of the world’s population will face moderate to high water shortages by 2025.<sup>167</sup> Consumption of fresh water for agriculture, industrial and domestic uses increased six-fold in the 20th century.<sup>168</sup>**

Today’s rapid population growth, and the consequent increasing demand for water, is occurring at a time when regions such as the Horn of Africa and the Sahel are experiencing a prolonged period of rain failure. Many meteorological experts believe that this is due to global warming. Per capita demand for water globally is estimated to exceed the available sources by about 2050.<sup>169</sup> The Stern Review acknowledges that, regardless of climate change, population growth alone may result in billions being added to the 1.1 billion who already live in areas of moderate to high water stress.<sup>170</sup>

165. LSHTM Written evidence to the Group, p.17

166. Sir David King Oral evidence to the Group, 3rd July 2006, p.15

167. UNDP, Energy and the Environment, Water and Climate Change at website [www.undp.org/climatechange.adapo3.htm](http://www.undp.org/climatechange.adapo3.htm)

168. Planet 21 Written evidence to the Group, p.6

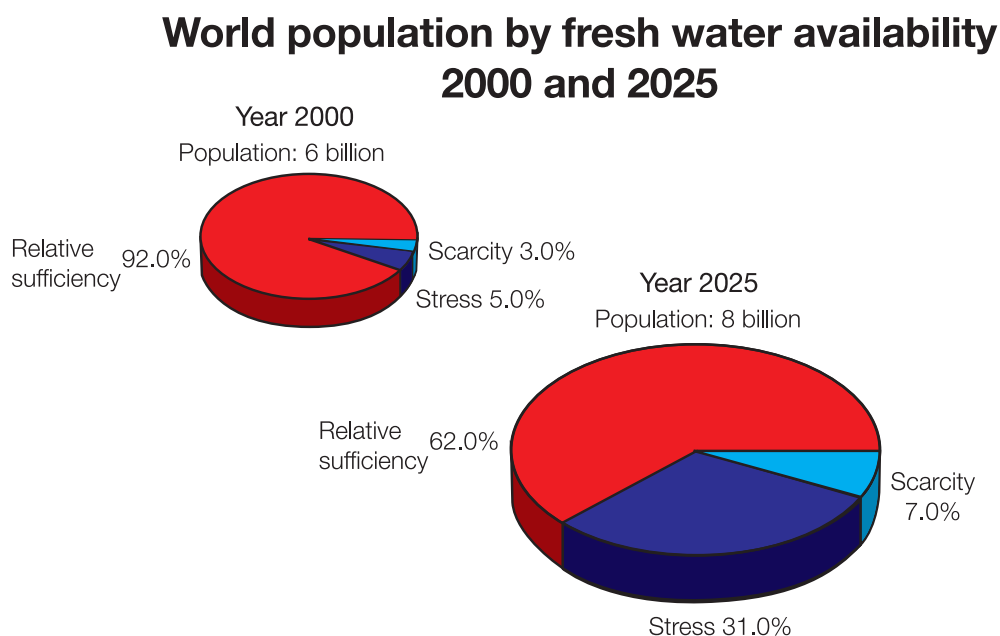
169. Sir David King Written evidence to the Group, p.6

170. Stern Review (2006): The Economics of Climate Change, p.63

**Some examples.** Over the next two decades, **Ethiopia, India, Kenya, Peru** and parts of **China** are expected to join the 10% of the world facing chronic fresh water shortages today, as they too run short of water.<sup>171</sup> And in high-fertility **Nigeria** and **Pakistan**, water availability per person will be well below the minimum needed to satisfy basic food and residential needs by 2050.<sup>172</sup>

Ground water supplies are falling in large parts of Asia, with little indication they could easily be replenished while population grows.<sup>173</sup> More than a billion people presently depend on groundwater for household use and many more rely upon it as back up to the rivers, lakes and reservoirs that provide their usual water sources. In many areas, however, groundwater supplies are facing serious depletion and contamination from intensive agriculture. In parts of northern China, groundwater levels are falling by up to a meter per year, while heavy pumping in portions of the southern Indian state of Tamil Nadu has reportedly dropped water levels as much as 25-30 meters in a decade.<sup>174</sup> Overuse of these vital resources also leads to a lowering of the water table, decreases water quality and allows salt into coastal aquifers. For example, some 20% of Israel's coastal aquifer is now contaminated by salts or by nitrates from urban and agricultural pollution.<sup>176</sup> And in 50 years the number who depend on these stretched resources is estimated to be over 2 billion.

Figure 22



Source: Marie Stopes International

171. UK DFID Written evidence to the Group, p.8

172. Brown, L. R., Gardner G. T., et al. (1999) *Beyond Malthus: nineteen dimensions of the population challenge*, New York, N.Y., W.W. Norton at website [www.worldwatch.org/node/1079](http://www.worldwatch.org/node/1079)

173. Robert Engelman Written evidence to the Group, p.3; Postel, Sandra, 1997 [1992], *Last Oasis: Facing Water Scarcity*, revised edition, W.W. Norton, New York; Postel, Sandra, 1999, *Pillar of Sand: Can the Irrigation Miracle Last?*, W.W. Norton, New York; Postel, Sandra L., Paul R. Ehrlich and Gretchen C. Daily, 1996, Human appropriation of renewable fresh water, *Science*, 271:p.785-788

174. Postel, Sandra (1992) *Last Oasis: Facing Water Scarcity*, W.W. Norton, New York, p.54

175. De Souza, R., Williams, J. S. and Meyerson, F. A. B. (2003) *Critical links: Population, health and the environment*. Population Bulletin, September 2003 58(3) at website [www.prb.org/pdf/CriticalLinksPHE\\_Eng.pdf](http://www.prb.org/pdf/CriticalLinksPHE_Eng.pdf)

176. Postel, Sandra (1992) *Last Oasis: Facing Water Scarcity*, W.W. Norton, New York, p.77

In the **Middle East** and **North Africa**, the amount of land under irrigation nearly doubled in line with a doubling of the population between 1965 and 1997. This has reduced by half the average amount of fresh water available, to 1640 cubic meters per person. Such averages, however, disguise the regional disparities that leave countries including **Jordan, Kuwait, Libya** and **Saudi Arabia** with less than 250 cubic meters per person, per year. The population of this region is expected to double once again in the next 50 years.<sup>177</sup>

In **Egypt** the fall in total fertility rate appears to have stalled at 3.5 children, and the country's population is projected to nearly double by 2050. The demand for water is increasing in all ten countries of the Nile Basin,<sup>178</sup> as these countries all have agricultural economies and rapidly growing populations. At the current time the Nile flowing northward through Egypt, a result of the Blue Nile coming out of Ethiopia and the White Nile coming out of Sudan, is severely depleted by the time it reaches the Mediterranean. There has been much speculation about how much the amount of water in the Nile available for Egypt will decline. Various studies have produced a range of possibilities from an 80% decline by the year 2060, to an actual gain of 22% if global warming results in more rainfall in the region.<sup>179</sup> The difficulty is that Egypt's population and the populations Ethiopia, Sudan and the remaining countries in the Nile Basin are projected to double by 2050.<sup>180</sup> The Stern Review raises exactly these concerns.<sup>181</sup>

**Child mortality.** Worldwide, it is estimated that 5,000 children a day die from diseases related to unsafe water and lack of sanitation.<sup>182</sup> Many of these children live in urban slums. Urban growth in Africa is particularly rapid, increasing six to eight percent each year (doubling every 10 years). Data for Kenya shows that as urban populations have grown, access to clean water has decreased and infant mortality has climbed.<sup>183</sup>

**“[Former] UK Defence Minister, Dr John Reid, echoed his fears in a speech at Chatham House on February 27 this year [2006]. According to a report in The Independent newspaper, he warned of the dangers of violent collision between rising world population and shrinking water resources, made more critical by climate change. “Such changes” he said, “make the emergence of violent conflict more rather than less likely... The blunt truth is that the lack of water and agricultural land is a significant contributory factor to the tragic conflict we see in Darfur. We should see this as a warning sign.””**

**John Rowley, Planet 21<sup>184</sup>**

177. Farzaneh Roudi-Fahimi, L. C. and de Souza, R., 2002 World summit. Finding the balance: Population and water scarcity in the Middle East and North Africa . Population Reference Bureau at website [www.prb.org/pdf/FindingTheBalance\\_Eng.pdf](http://www.prb.org/pdf/FindingTheBalance_Eng.pdf)

178. The 10 countries of the Nile basin are Burundi, Congo, Egypt, Eritrea, Ethiopia, Kenya, Rwanda, Sudan, Tanzania and Uganda

179. Sir David King Oral evidence to the Group, 3rd July 2006, p.15; Laura Sokka, Population Network Newsletter Autumn 2004, Popnet No 36, IIASA, p.2

180. Population Reference Bureau at website [www.prb.org](http://www.prb.org)

181. Stern Review (2006): The Economics of Climate Change, p.113

182. PAI Written evidence to the Group, p.3

183. APHRC Written evidence to the Group, p.6

184. Planet 21 Written evidence to the Group, p.7



*“If we move forward in time as the population grows ... even if we have stable water provision around the planet, we have increasing contamination of the water supply, so as demand for clean water goes up..., this will cross the curve of the fresh water supply available after contamination, and that period is around 2050. That is a global problem, but it will have impacts in local areas which will be much more serious possibly even before the 2050 period.”*

**Sir David King<sup>185</sup>**

*“Using hydrological definitions of water stress and scarcity based on the natural annual supply of renewable fresh water available to each person in a nation’s population (Falkenmark 1990), Population Action International estimates that 745 million people live in countries facing water stress or scarcity. The growth rate of world population is slowing, but the growth rate of the population of the water-short is now exponential: In less than two decades, between 2.75 billion and 3.25 billion people are projected to inhabit water-stressed and water-scarce countries, depending on the rate of overall population growth (Engelman et al. 2006).”*

**Robert Engelman, Population Action International<sup>186a</sup>**

*“Africa is our greatest worry... we would expect areas which are already prone to drought to become drier with climate change.”*

**Wulf Killman, chairman of the Climate Change Group, FAO<sup>186b</sup>**

*Target: Have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers.*

**By 2007, half the world’s population will live in towns and cities, and by 2030, four billion people will live in urban areas. In fact, the four billion people living in cities by 2030 will be more people than lived on the entire planet in 1975.**

185. Sir David King Oral evidence to the Group, 3rd July 2006, p.15

186a. PAI Written evidence to the Group, p.3; Falkenmark, Malin (1990) Global water issues confronting humanity, Journal of Peace Research, 27(2):177-190, May; Engelman, Robert et al. (2006) People in the Balance Web Update 2006, soon to be available at website [www.populationaction.org](http://www.populationaction.org)

186b. Killman, Wulf, FAO in The Guardian, 30th June 2005 at website [http://environment.guardian.co.uk/climatechange/story/0,,1829525,00.html#article\\_continue](http://environment.guardian.co.uk/climatechange/story/0,,1829525,00.html#article_continue)

One in three of today's urban dwellers live in slums, and the number is rising rapidly.<sup>187</sup> Approximately 72% of Africa's urban population live in slums and squatter settlements, in unfavourable conditions for health or social stability.<sup>188</sup> Poverty in Africa is being increasingly urbanised.<sup>189</sup>

In Nigeria, rural-urban migration is placing severe strain on the urban infrastructure, as economic conditions decline. The Nigerian government is continually challenged to tackle problems of poor housing, inadequate water and sanitation, and high unemployment caused by the needs of its overwhelming population.<sup>190</sup>

Sustainable improvements in the lives of slum and shanty town dwellers will be difficult or impossible without slowing both migration from rural areas and high rates of population growth in urban areas.<sup>191</sup> Urban growth is driven largely by densely populated rural areas, where fertility is high.<sup>192</sup> With growth in these areas at between four and eight percent all aspects of life are suffering. Reductions in child mortality have stalled and in some areas mortality levels are even increasing. Access to safe water, sanitation and health services are extremely restricted. With the urban population increasing so fast, it is not surprising that governments in most of these regions are failing to provide health, education and sanitation infrastructure to keep up with growth.<sup>193</sup>

187. Planet 21 Written evidence to the Group, p.8; UK DFID Written evidence to the Group, p.6

188. Economic Commission for Africa Report (March 2005), Our Common Interest

189. UNECA Written evidence to the Group, p.3; Yousif, H.M. (2005) Rapid urbanisation in Africa: Impacts on Housing and Urban Poverty; Economic Commission for Africa, Africa's Sustainable Development Bulletin (2005) Assessing Sustainable Development in Africa. ECA, Addis Ababa, Ethiopia, p.55-59

190. AFPODEV Written evidence to the Group, p.3

191. Planet 21 Written evidence to the Group, p.8; UK DFID Written evidence to the Group, p.6

192. LSHTM Written evidence to the Group, p.11

193. LSHTM Written evidence to the Group, p.13; APHRC Written evidence to the Group, p.7

### 3. Conclusion and recommendations for action



#### Conclusion

It is clear that without addressing the issue of population growth and high fertility in the poorest regions of the world, these regions have little chance of achieving the Millennium Development Goals (MDGs). Rapid population growth has a detrimental effect on the MDGs. It is also often a factor causing civil conflict and migration. Except for a few oil rich states, no country has pulled itself out of poverty while maintaining high fertility.

Birth rates have been shown to decline when the option of family planning is made easily available. Urgent action must be taken to ensure family planning provision becomes an integral part of all efforts to reduce poverty, improve mothers' and children's survival and health, and to forestall further damage to the natural environment. The large and well-documented unmet need for family planning must be addressed.

Universal access to family planning, as called for in 1994 at the International Conference on Population and Development (ICPD), is crucial to achieving the MDGs. Helping couples to achieve their fertility goals is a fundamental and internationally recognised human right and will at the same time help to ensure a safer, more peaceful and healthier environment for tomorrow's children.

*“The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women’s rights, and greater investment in education and health, including reproductive health and family planning.”*

**Kofi Annan, Bangkok, 2003.**

## Recommendations for action

Family planning is wanted and it works. Wherever high-quality contraceptive services have been made available with supporting information, the birth rate has fallen, even among low-income populations. The last decade, just past, makes it especially important to act quickly in the following ways:

- 1. Recognising the international Parliamentarians’ commitments at Ottawa in 2002, Strasbourg in 2004 and Bangkok in 2006, that 10% of Overseas Development Aid be targeted for population and reproductive health, we recommend that donor agencies, governments, the World Bank and the development banks increase their support for family planning.**

After the ICPD in Cairo in 1994, donors agencies produced only about a third of the funding promised to developing countries.<sup>194</sup> Between 1995 and 2003, funding for family planning decreased in absolute dollars from \$723 million to \$361 million, a decrease of 36%. Currently the developed nations’ investment in family planning is only 10% of that projected at the ICPD as being necessary in 2005. By contrast, funds for HIV/AIDS and sexually transmitted diseases increased 13-fold.<sup>195</sup> Given the extra population momentum that has built up, both the donor community and national governments will need not only to meet the original ICPD financial estimates, but to exceed them.

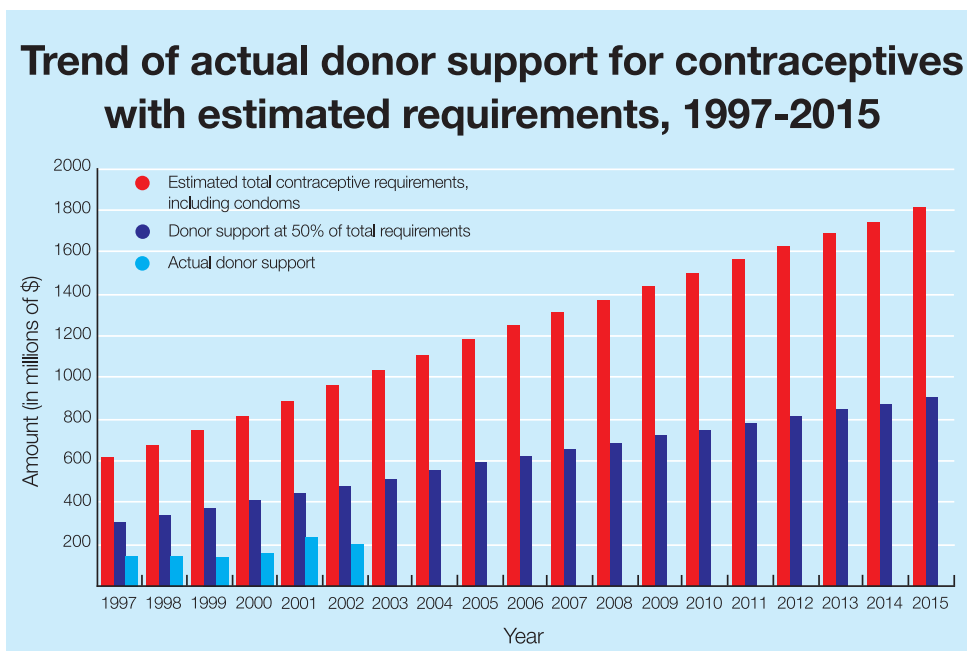
- 2. Ensure availability of contraceptive supplies as a top priority.**

Currently there are serious shortfalls in contraceptive supplies in many developing countries. Figure 23 shows that donor support for contraceptives are falling well short of estimated requirements.

194. United Nations - OHRLLS Written evidence to the Group, p.2

195. Prof. Joseph Speidel Additional Written evidence to the Group, 3rd July 2006, p.7

Figure 23



Source: The Supply Initiative: Meeting the Need for Reproductive Health Supplies  
*Factsheet: Sexual and Reproductive Health Services Undermined by Supply Shortfall*

MDG 8 specifically recognises the opportunity “In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.” In the case of contraceptives, a competitive global market exists supplying appropriate low-cost appropriate generic drugs. However, a level of subsidy remains essential if those people living on less than \$1 a day are to have access to the contraceptives they need. In Africa, 97% of the population cannot afford the full cost of contraception without subsidies.<sup>196</sup>

The Group was especially pleased to hear Dr Baige Zhao, Vice Minister of China’s National Population and Family Planning Commission, say that China is prepared to share its commodities with developing countries.<sup>197</sup>

“The stakes are high and a strong case exists for increased investment in contraceptive and associated sexual and reproductive supplies and services in medium and high fertility countries. In these countries [with high fertility], more than 20% of births are reported to have been unwanted by mothers and an equal proportion mistimed, so there is no lack of potential demand.”

**LSHTM**<sup>198</sup>

196. Russell Green (1998) “Who Can Afford Family Planning?” unpublished monograph, Berkeley: University of California, School of Public Health

197. Dr Baige Zhao Oral evidence to the Group, 15th May 2006, p.15

198. LSHTM Written evidence to the Group, p.19

### 3. Eliminate the wide range of barriers to family planning.

Many barriers stand between women and the means to have control over whether and when to bear a child, and this was recognised by the ICPD Programme of Action. These include medical practices that are not based on scientific evidence, unaffordable prices, cultural pressures, unnecessary laws and regulations, and service providers' own biases.

**Medical barriers.** Often these barriers are held in place inadvertently under government regulations, or are simply well established parts of medical practice. For example, in some countries women are not permitted to receive contraception without laboratory tests that would cost them more than a month's salary.<sup>199</sup>

**Religious or cultural opposition.** Religious opposition to family planning or cultural practices, such as child marriage and the desire for large families, are prevalent and it is vital to gain support at all levels of society (from national government to community and religious leaders) to develop new strategies to improve maternal health and to support people's choice regarding the size of their families and the spacing of their children.

Evidence shows that when family planning is easy to obtain, and free of barriers, both educated and uneducated women use contraception at the same rate, opening the door to a reduction in poverty.<sup>200</sup> Measures that improve the educational attainment and reproductive health of women, enabling them to pursue productive activities, are central to addressing the spread of HIV. Where women have less power to protect themselves – either against diseases, or to prevent an unwanted pregnancy – they and their families suffer.<sup>201</sup>

**“Governments should make it easier for couples and individuals to take responsibility for their own reproductive health, by removing unnecessary legal, medical, clinical and regulatory barriers to information and to access to family-planning services and methods.”  
United Nations ICPD Programme of Action paragraph 7.20**

**Misinformation.** Many women in Africa and South Asia have hesitated to use family planning because they believe contraception is medically more dangerous than having another child, or will cause infertility later in life. There is increasing evidence that when women find there is a safe way to have control over whether and when to have another child, they often express a desire for a smaller family.<sup>202</sup>

199. Stanback, J., Smith, J., Janowitz, B. and Diadiou, F. (1994) "Safe provision of oral contraceptives: The effectiveness of systematic laboratory testing in Senegal". *International Family Planning Perspectives*, 20, p.147-149; Campbell, M., Salin-Hodoglugil, N. and Potts, M., *Barriers to Fertility Regulation: A Review of the Literature*. 2006, *Studies in Family Planning* 37(2): p.87-98

200. Lee, K., Walt G., Lush L. and Cleland J. (2005) *Population Policies and Programmes: Determinants and Consequences in Eight Developing Countries*. London: London School of Hygiene and Tropical Medicine

201. UK DFID Written evidence to the Group, p.20

202. Phillips, James F, Simmons R, Koenig M.A. and Chakraborty J. (1988) *Studies in Family Planning* 19(6) p.313-334; Campbell, M. 2006, in press. *Consumer Behavior and Contraceptive Decisions*. *Journal of Family Planning and Reproductive Health Care* 32(4)

Education programmes are needed to raise awareness around issues of maternal health, child marriage and early child birth, high fertility rates and poverty, and how they relate to family planning and reproductive choices.<sup>203</sup> In Ethiopia for example, the fertility rate is 5.4 and early marriage and early childbirth are common. Rates of maternal mortality are high, while it is estimated that 36% of women of reproductive age have an unmet need for family planning. There is an obvious need to raise awareness and improve information and education about the benefits of family planning.<sup>204</sup>

**The Global Gag Rule.** First introduced in 1984 and reintroduced by President George W. Bush in 2001, the Global Gag Rule (also known as the Mexico City Policy) puts non-governmental organisations outside the United States in an untenable position, forcing them to choose between carrying out their work safeguarding the health and rights of women, or losing their funding from the United States. The Gag Rule prohibits organisations in receipt of US funds from using their own money to provide abortion information, services and care, or even discussing abortion or criticising unsafe abortion. It even prevents organisations from working on these issues at the request of their own governments.

*“There is an enormous amount of misinformation...which ranges from...condoms with holes, to condoms do not work, condoms do not prevent other kinds of sexually transmitted diseases, the continued misinformation about abortion and breast cancer, the misinformation about the dangers of contraceptives, the misinformation about sexual satisfaction, the basic piece of information that is put forward which is that people who use natural family planning have better and more satisfactory sexual relations than people who use pills and diaphragms, and that this creates better communication between couples. There is an enormous amount of misinformation at all levels. In every quarter we must overcome our reluctance to criticise religious institutions and we must call on others to criticise religious institutions.”*  
**Frances Kissling, Catholics for a Free Choice<sup>205</sup>**

#### **4. Use available financial resources cost-effectively.**

Innovative ways to deliver family planning are well developed. In fact, family planning delivery has been one of the most studied and improved development interventions in the world. It is always important for donors to select cost-effective ways to help the largest possible number of poor people, but it is especially important to do so in international family planning when so much ground has been lost and finances are never infinite. In addition to clinic based and community-based distribution of contraception, there are two other highly cost-effective ways of giving large numbers of poor people access to the voluntary family planning services they want.

203. IPPF Written evidence to the Group, p.7

204. UNFPA, Population, Health and Socio-Economic Indicators/Policy Developments, Country Profile – Ethiopia at website [www.unfpa.org/profile/ethiopia.cfm](http://www.unfpa.org/profile/ethiopia.cfm); Central Statistical Agency and the Ministry of Health, Ethiopia, The Ethiopia Demographic and Health Survey (EDHS) (2005); Human Rights Watch, The World Report 2006, Ethiopia

205. Dr Frances Kissling Oral evidence to the Group, 3rd July 2006, p.10

**Social marketing** uses the local market infrastructure to sell branded and appropriately advertised contraceptives at prices adjusted to maximise use. It has proved a cost-effective and successful way of reaching large numbers of people, even when the health infrastructure has been destroyed, as in the Congo, or is poorly developed, as in Bihar, India.

Another example of an innovative delivery method is called **Output Based Assistance, or 'Smart Aid'**. This is where vouchers are sold at a low cost to poor people, they can take these to a government hospital, a mission hospital or accredited private practitioners.<sup>206</sup> This targets vulnerable groups cost-effectively, and it empowers women to choose the person she perceives as the best provider, which improves quality of care. Smart Aid was used in the highly successful family planning programmes in South Korea and Taiwan in the 1960s and 70s, and it is now being launched again in Kenya to subsidise the need for voluntary sterilisation, intrauterine devices and safe deliveries.<sup>207</sup>

#### **5. Provide technical assistance to developing countries governments to improve capacity to prioritise and monitor the use of available resources for family planning and reproductive health.**

Voluntary access to a range of safe, modern contraceptive methods has been defined as a universal human right for women and couples by numerous international treaties and declarations.<sup>208</sup> Furthermore, the evidence we have received makes it clear that, in many countries, reducing high fertility rates is a necessary step that must be taken if most of the MDGs are to be achieved. Therefore national plans for poverty reduction, development and economic growth - such as the Poverty Reduction Strategy Papers (PRSPs) - require a specific and prioritised strategy for providing universal voluntary access to safe, modern contraceptive methods.

DFID is to be commended on its outspoken support for sexual and reproductive healthcare, but the importance of family planning merits further efforts. The next DFID Public Service Agreement (PSA) should include a tangible target for increased access to family planning services in key countries. The target should be achieved by both increased UK spending for reproductive health care and also through DFID advocacy.

We call upon DFID to prioritise family planning in its advocacy to partner governments. As funding is increasingly passed through budget support and sector-wide approaches (SWAPs) and donor governments develop bilateral Public Service Agreements and Country Support Papers, it is important that funding for family planning be specifically allocated and effectively tracked. Budget allocations need to be monitored to ensure they become real financial expenditures at the community level.

206. The Group welcome DFID's support of voucher schemes in Nepal, Bangladesh, Kenya, Zambia and Pakistan. DFID White Paper on International Development (July 2006) 'Eliminating world poverty: making governance work for the poor'. Section 3

207. Janisch C.P. and Potts M. (2005) Smart aid – The role of output-based assistance. *The Lancet*, Oct 25-31:366(9494) p.1343-4

208. ICPD PoA (1994); The Convention on the Elimination of All Forms of Discrimination Against Women (1979)



*“SWAps [Sector-Wide Approaches] makes it difficult to track funding levels for specific sectors, including population and reproductive health. As a result, new monitoring and evaluation mechanisms are needed to ensure the performance, efficacy, and accountability of development assistance.”*

**Professor Joseph Speidel<sup>209</sup>**

We urge parliamentarians in all countries adversely affected by high fertility rates to press their governments to develop a comprehensive national plan for providing universal access to voluntary family planning services, including relevant education services. In countries where family planning services are already addressed in the PRSP, we urge parliamentarians to push for family planning to be given a greater profile and to maintain pressure for family planning goals to be met.

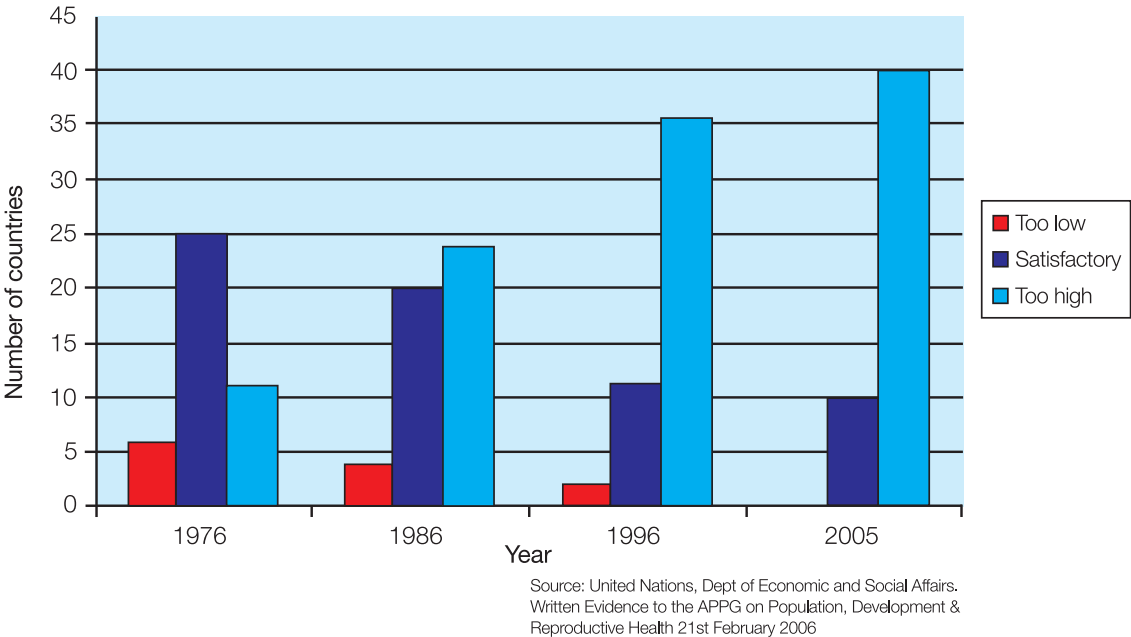
Where governments lack the resources to provide universal family planning services, we recommend exploring opportunities to form public-private partnerships for service delivery. There are many examples where contracting with non-state entities such as NGOs has worked well at providing healthcare. We recommend that such approaches are used to increase family planning services or to provide technical assistance and training.

Developing countries must be offered all the help and support necessary to undertake population situation analyses as part of their needs assessments, leading up to their national development strategies. National development strategies need to help foster the inclusion of family planning provision in national budgets and plans. This includes national budget lines for reproductive health commodity security (as part of a general commitment to improved health logistics systems). Countries should be encouraged to monitor key indicators including family planning, unmet need and supply concerns, which should then be part of the results-based goal system that donors use to assess outcomes from their aid.

209. Prof. Joseph Speidel Oral evidence to the Group, 26th June 2006, p.3

Figure 24

### Government views on the rate of population growth in the least developed countries



**6. Encourage the development, environment and reproductive health/family planning communities to work together and address the problems caused by rapid population growth.**

It is important that a framework is developed, to enable the different branches of the development sector communities to work together, to create a greater understanding of the role of population growth in hindering the achievement of the MDGs.

In addition, in its 2004 report “The Missing Link”, the Group concluded that the links between Sexual and Reproductive Health and HIV/AIDS must be strengthened in the context of funding, policies and services.

# Appendix 1

## Oral witnesses

(The full transcripts are available at [www.appg-popdevrh.org.uk](http://www.appg-popdevrh.org.uk))

### Monday 8th May 2006

Dr Steven Sinding, Director General, and Stuart Halford, **International Planned Parenthood Federation**

Catherine Budgett-Meakin, Network Co-Ordinator, **Population and Sustainability Network**  
Patricia Hindmarsh, Director of External Relations, **Marie Stopes International**

### Monday 15th May 2006

Robert Engelman, Vice President For Research, **Population Action International**  
John Rowley, **Planet 21**

### Monday 22nd May 2006

Prof. John Cleland, **London School of Hygiene and Tropical Medicine**  
Dr Hilary Standing, **Institute of Development Studies, University of Sussex**  
Dr Ndola Prata, **School of Public Health, University of California, Berkeley**

### Monday 5th June 2006

Ikechukwa Ezekwe, **African Foundation for Population and Development, Nigeria**  
Dr Jean Christophe Fotso, **The African Population and Health Research Centre, Kenya**  
Dr Jay Satia, **International Council on Management of Population Programmes**  
Dr Hassan Yousif, **UN Economic Commission for Africa**  
Dr Baige Zhao, Vice Minister, **National Population and Family Planning Commission, China**

### Monday 12th June 2006

Gareth Thomas MP, Parliamentary Under-Secretary of State, **Department for International Development**

Robert Lawson, Director of Environment Strategy, **Department for Environment, Food, and Rural Affairs**

John Worley, Team Leader, **Reproductive and Child Health Team, Policy Division, Department for International Development**

Georgia Taylor, Deputy Team Leader, **Reproductive and Child Health Team, Policy Division, Department for International Development**

Sandra Macdonagh, Health Adviser, **Reproductive and Child Health Team, Department for International Development**

### Monday 19th June 2006

Dr Paul Van Look, Director, **Department of Reproductive Health and Research, World Health Organization**

Dr Rogelio Castilla, Director, **Country Support Team, United Nations Populations Fund**

### Monday 26th June 2006

Prof. Michael Lipton, **Poverty Research Unit, University of Sussex**

Robert Eastwood, **Poverty Research Unit, University of Sussex**

Dr Joseph Speidel, **Bixby Center for Reproductive Health Research and Policy, University of California, San Francisco**

Prof. Malcolm Potts, **School of Public Health, University of California, Berkeley**

### Monday 3rd July 2006

Dr Frances Kissling, President, **Catholics For a Free Choice**

Sir David King, **Chief Scientific Adviser to HM Government and Head of the Office of Science and Technology**

# Appendix 2

## Written evidence submitted by:

(The written evidence is available at [www.appg-popdevrh.org.uk](http://www.appg-popdevrh.org.uk))

UN Department of Economic and Social Affairs (DESA)  
UN Economic Commission for Africa (UNECA)  
UN Environment Programme (UNEP)  
UN Food and Agriculture Organisation (FAO) - Gender and Population Division  
UN High Commissioner for Human Rights (UNCHR)  
UN High Commissioner for Refugees (UNHCR)  
UN Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (UN-OHRLLS)  
UN Population Fund (UNFPA)  
World Health Organization (WHO)

UK Department for International Development (DFID)  
UK Department for Environment, Food and Rural Affairs (DEFRA)  
Commissioner Louis Michel, European Commissioner for Development and Humanitarian Aid  
Sir David King, Chief Scientific Adviser to Her Majesty's Government, UK  
Prof. Chris Rapley, British Antarctic Survey (personal capacity)  
Marion van Schaik, Dutch Ministry of Social Affairs (personal capacity)

World Bank  
International Monetary Fund (IMF)  
The Global Fund to fight AIDS, Tuberculosis and Malaria  
Catholics For a Free Choice (CFFC)  
Commonwealth Medical Trust (Commat)

Dr Baige Zhao, Vice Minister, National Population & Family Planning Commission, China  
Overseas Development Institute – study of Andhra Pradesh and Madhya Pradesh, India  
Gramin Vikas Trust, India and Overseas Development Institute – study of Gujarat, India  
Medini Bhandari, Syracuse University, USA – study of Koshi Tappu Reserve, Nepal  
African Foundation for Population and Development (AFPODEV), Nigeria  
Gul-e-farkhanda Siddiqui MP, Chair of the National Assembly on Population Welfare, Pakistan  
PATH Foundation Philippines, Inc.

International Planned Parenthood Federation (IPPF)  
Marie Stopes International (MSI)  
Population Action International (PAI)  
International Council on Management of Population Programmes (ICOMP)  
Karen Newman, International Development Consultant

The Population Institute  
Population and Sustainability Network (PSN)  
Planet 21

Optimum Population Trust (OPT)

Paul Allen, Development Director, Centre for Alternative Technology Charity Ltd

Dr Colin Butler, Benevolent Organisation for Development Health and Insight (BODHI)

Prof. John Cleland, Dr John Blacker, Dr Susannah Mayhew and Dr Oona Campbell, London School of Hygiene and Tropical Medicine (LSHTM)

Dr Ernestina Coast and Dr Tiziana Leone, Department of Social Policy, London School of Economics (LSE)

Dr Alex Ezeh, The African Population and Health Research Center (APHRC)

Prof. Michael Lipton and Robert Eastwood, Poverty Research Unit, University of Sussex

Prof. Aubrey Manning, School of Biological Sciences, The University of Edinburgh

Prof. Malcolm Potts, School of Public Health, University of California, Berkeley

Dr Ndola Prata, School of Public Health, University of California, Berkeley

Prof. Ronald Skeldon, University of Sussex

Prof. Joseph Speidel, Bixby Center for Reproductive Health Research and Policy, University of California, San Francisco

Dr Hilary Standing, Institute of Development Studies, University of Sussex

Help Age International

Homeless International

# Abbreviations

<b>AFD</b>	Agence Française de Développement
<b>AFPODEV</b>	African Foundation for Population and Development
<b>APHRC</b>	African Population and Health Research Center
<b>APPG PD&amp;RH</b>	All Party Parliamentary Group on Population, Development and Reproductive Health
<b>BODHI</b>	Benevolent Organisation for Development, Health and Insight
<b>Commat</b>	Commonwealth Medical Trust
<b>CSA</b>	Central Statistical Authority
<b>DEFRA</b>	Department for Environment, Food and Rural Affairs (United Kingdom)
<b>DESA</b>	Department of Economic and Social Affairs (United Nations)
<b>DFID</b>	Department for International Development
<b>EDHS</b>	Ethiopia Demographic and Health Survey
<b>FAO</b>	Food and Agricultural Organization (United Nations)
<b>GDP</b>	Gross Domestic Product
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
<b>HM Government</b>	Her Majesty's Government
<b>ICOMP</b>	International Council on Management of Population and Development
<b>ICPD</b>	International Conference on Population and Development
<b>IIASA</b>	International Institute for Applied Systems Analysis
<b>IMF</b>	International Monetary Fund
<b>IPPF</b>	International Planned Parenthood Federation
<b>Irp-Cnr</b>	Institute for Population Research of the National Research Council
<b>IUDs</b>	Intrauterine Devices
<b>IUSSP</b>	International Union for the Scientific Study in Population
<b>LSE</b>	London School of Economics
<b>LSHTM</b>	London School of Hygiene and Tropical Medicine
<b>MDG</b>	Millennium Development Goals
<b>MMR</b>	Maternal Mortality Ratio
<b>MSI</b>	Marie Stopes International
<b>NGO</b>	Non-governmental Organisation
<b>ODA</b>	Official Development Assistance
<b>OHRLLS</b>	Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing Countries
<b>PAI</b>	Population Action International
<b>PMTCT</b>	Preventing Mother to Child Transmission
<b>PRSP</b>	Poverty Reduction Strategy Paper
<b>PSA</b>	Public Service Agreement
<b>PSN</b>	Population and Sustainability Network
<b>SWAps</b>	Sector-Wide Approaches
<b>TFR</b>	Total Fertility Rate

<b>UCLA</b>	University of California, Los Angeles
<b>UK</b>	United Kingdom
<b>UN</b>	United Nations
<b>UNDESA</b>	United Nations Department of Economic and Social Affairs
<b>UNDP</b>	United Nations Development Programme
<b>UNECA</b>	United Nations Economic Commission for Africa
<b>UNESCO</b>	United Nations Educational, Scientific, and Cultural Organization
<b>UNFAO</b>	United Nations Food and Agricultural Organisation
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>US</b>	United States
<b>USA</b>	United States of America
<b>WHO</b>	World Health Organization



# Notes

# Report of Hearings by the All Party Parliamentary Group on Population, Development and Reproductive Health January 2007

## Return of the Population Growth Factor Its impact upon the Millennium Development Goals

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### Panel Members

Christine McCafferty MP

Richard Ottaway MP

Sandra Gidley MP

Lyn Brown MP

Paul Flynn MP

Baroness Tonge

Viscount Craigavon

Baroness Flather

Lord Rea

Baroness Thomas

Baroness Northover

### Contact

Ann Mette Kjaerby, Parliamentary and Policy Advisor

All Party Parliamentary Group on Population, Development and Reproductive Health

Room 563, Portcullis House

House of Commons,

London SW1A 2LW

Tel +44 (0) 207 219 2492  
Email [kjaerbym@parliament.uk](mailto:kjaerbym@parliament.uk)

Fax +44 (0) 207 219 2641  
Website [www.appg-popdevrh.org.uk](http://www.appg-popdevrh.org.uk)